

01 Vehicle Inspection

VEHICLE DAILY INSPECTION FORM

Driver/Technician:

Vehicle:

License Plate:

Date:

Odometer:

PRE-TRIP INSPECTION

Exterior

- | | | |
|-------|-------|-------|
| ----- | ----- | ----- |
|-------|-------|-------|
- | Tires - Front Left | | |
 - | Tires - Front Right | | |
 - | Tires - Rear Left | | |
 - | Tires - Rear Right | | |
 - | Spare Tire | | |
 - | Headlights | | |
 - | Tail Lights | | |
 - | Brake Lights | | |
 - | Turn Signals | | |
 - | Hazards | | |
 - | Windshield | | |
 - | Mirrors | | |
 - | Body Damage | | |
 - | License Plate | | |

Under Hood

- | | | |
|-------|-------|-------|
| ----- | ----- | ----- |
|-------|-------|-------|
- | Oil Level | | |
 - | Coolant Level | | |
 - | Power Steering | | |
 - | Brake Fluid | | |
 - | Washer Fluid | | |
 - | Belts | | |

| Hoses | | |

Interior

|-----|-----|-----|

- | Horn | | |
- | Gauges | | |
- | Dashboard Lights | | |
- | Air Conditioning | | |
- | Heater | | |
- | wipers | | |
- | Seat Belts | | |
- | Backup Camera | | |

Equipment

|-----|-----|-----|

- | First Aid Kit | | |
- | Fire Extinguisher | | |
- | Jumper Cables | | |
- | Flashlight | | |
- | Reflective Triangles | | |
- | Tool Kit | | |
- | Registration | | |
- | Insurance Card | | |

FLUIDS CHECK

|-----|-----|-----|

- | Oil | OK Low | |
- | Coolant | OK Low | |
- | Brake | OK Low | |
- | Power Steering | OK Low | |
- | Washer | OK Low | |

DEFECTS/NOTES

DAILY LOG

|-----|-----|-----|-----|-----|

Total Miles Today: _____

Fuel Added: \$_____ gallons @ \$_____ /gallon

POST-TRIP

End Odometer: _____

Parking

- Parked in safe location
- Secured
- Items removed/secured

Any Issues Today?

- No issues
- Yes - describe below:

SIGN-OFF

Driver Signature: _____

Date: _____

Supervisor Review: _____

Date: _____

Complete daily. Submit weekly. Keep for DOT compliance if applicable.