

Vehicle Defect Sheet

Date:	Vehicle#
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	Driver	Start Mileage	End Mileage	Destination
1				
2				
3				
4				
5				
6				
7				

Notes:

If you are the first driver of the day, you must circle check this vehicle, including fluids.

Fuel	Gallons	Mileage
Oil	Quarts	Mileage
Coolant	Quarts	Mileage
Steering Fluid	Pints	Mileage

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