DAILY VEHICLE INSPECTION REPORTS

Complete Inspection form each day, and return to Fleet Manager

Driver Name:

INSPECTION		INSPECTION		INSPECTION		INSPECTION		INSPECTION	
Date:		Date:		Date:		Date:		Date:	
Odometer:		Odometer:		Odometer:		Odometer:		Odometer:	
Vehicle:		Vehicle:		Vehicle:		Vehicle:		Vehicle:	
Fuel Level:	1/4 1/2 3/4 Full	Fuel Level:	1/4 1/2 3/4 Full	Fuel Level:	1/4 1/2 3/4 Full	Fuel Level:	1/4 1/2 3/4 Full	Fuel Level:	1/4 1/2 3/4 Full
ENGINE		**ENGINE**		**ENGINE**		**ENGINE**		**ENGINE**	
☐	Oil Level	☐	Oil Level	☐	Oil Level	☐	Oil Level	☐	Oil Level
☐	Coolant Level	☐	Coolant Level	☐	Coolant Level	☐	Coolant Level	☐	Coolant Level
☐	Brakes Fluid Level	☐	Brakes Fluid Level	☐	Brakes Fluid Level	☐	Brakes Fluid Level	☐	Brakes Fluid Level
☐	Power Steering Fluid	☐	Power Steering Fluid	☐	Power Steering Fluid	☐	Power Steering Fluid	☐	Power Steering Fluid
☐	Wipers / Fluid	☐	Wipers / Fluid	☐	Wipers / Fluid	☐	Wipers / Fluid	☐	Wipers / Fluid
☐	Fan Belts	☐	Fan Belts	☐	Fan Belts	☐	Fan Belts	☐	Fan Belts
☐	Battery & Terminals	☐	Battery & Terminals	☐	Battery & Terminals	☐	Battery & Terminals	☐	Battery & Terminals
VEHICLE		**VEHICLE**		**VEHICLE**		**VEHICLE**		**VEHICLE**	
☐	Tires	☐	Tires	☐	Tires	☐	Tires	☐	Tires
☐	Suspension	☐	Suspension	☐	Suspension	☐	Suspension	☐	Suspension
☐	Windows & Doors	☐	Windows & Doors	☐	Windows & Doors	☐	Windows & Doors	☐	Windows & Doors
☐	Lights & Turn Signals	☐	Lights & Turn Signals	☐	Lights & Turn Signals	☐	Lights & Turn Signals	☐	Lights & Turn Signals
☐	Mirrors	☐	Mirrors	☐	Mirrors	☐	Mirrors	☐	Mirrors
☐	Flat Bed Space & Lift Gate	☐	Flat Bed Space	☐	Flat Bed Space	☐	Flat Bed Space	☐	Flat Bed Space
DAMAGES & OBSERVATIONS		**DAMAGES & OBSERVATIONS**		**DAMAGES & OBSERVATIONS**		**DAMAGES & OBSERVATIONS**		**DAMAGES & OBSERVATIONS**	
Vehicle Suitable for Operation?	Yes No	Vehicle Suitable for Operation?	Yes No	Vehicle Suitable for Operation?	Yes No	Vehicle Suitable for Operation?	Yes No	Vehicle Suitable for Operation?	Yes No