

DAILY VEHICLE CONDITION CHECKLIST

DRIVER (INSPECTOR)

DATE:

VEHICLE:

<u>EQUIPMENT</u>	<u>CONDITION</u>		<u>COMMENTS</u>
	<u>OK</u>	<u>NEEDS ATTENTION</u>	
Emergency Brake	<input type="checkbox"/>	<input type="checkbox"/>	
Brakes	<input type="checkbox"/>	<input type="checkbox"/>	
Tire Pressure	<input type="checkbox"/>	<input type="checkbox"/>	
Tire Tread	<input type="checkbox"/>	<input type="checkbox"/>	
Windshield	<input type="checkbox"/>	<input type="checkbox"/>	
Wipers	<input type="checkbox"/>	<input type="checkbox"/>	
Headlights	<input type="checkbox"/>	<input type="checkbox"/>	
Tail & Brake Lights	<input type="checkbox"/>	<input type="checkbox"/>	
Running Lights	<input type="checkbox"/>	<input type="checkbox"/>	
Reflectors	<input type="checkbox"/>	<input type="checkbox"/>	
Horn	<input type="checkbox"/>	<input type="checkbox"/>	
Mirrors	<input type="checkbox"/>	<input type="checkbox"/>	
Steering	<input type="checkbox"/>	<input type="checkbox"/>	
Transmission	<input type="checkbox"/>	<input type="checkbox"/>	
Fluid Levels	<input type="checkbox"/>	<input type="checkbox"/>	
Fluid Leaks	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	

REPAIRED BY:

DATE REPAIRED: