

# Daily Vehicle Inspection Form

**Vehicle operators are to inspect & document daily**

## VEHICLE AND OPERATOR INFORMATION

Operator Name		Vehicle Number	
Division	Mileage		Date

## VEHICLE CONDITION CHECK

Item	Good	Fair	Poor	Comments
Motor Oil				
Coolant/Anti-Freeze				
Breaks (Hand/Foot)				
Exhaust/Mufflers				
General (body)				
General (mechanical)				
Mirrors				
Seat belts				
Steering				
Tires (include spare)				
Windshield, Wiper condition				
Washer Fluid Level				
<b>Lights</b>	<b>OK</b>	<b>Replace</b>		
Brake Lights				
Head Lights				
Signal Lights				

## VEHICLE EQUIPMENT CHECK

Item	Good	Fair	Poor	Comments
Fire Extinguisher				
First Aid Kit				
Flares/Triangles/Cones				
Tools, Equipment Secured				
Other:				

## OPERATOR/INSPECTOR NAME

Signature	Date
-----------	------