



DAILY VEHICLE INSPECTION CHECKLIST

Date _____ Vehicle ID _____ Inspected by: _____

Mileage: Start _____ End _____ Vehicle Registration Current _____

<u>ITEM</u>	<u>OK</u>	<u>NOT OK</u>	<u>REMARKS</u>
SAFETY BELTS CONDITION			
BRAKES / STEERING OPERATING CONDITION			
ENGINE OPERATING CONDITION			
TRANSMISSION OPERATING CONDITION			
HEATER AIR CONDITIONING			
WIPERS			
HEADLIGHTS: HIGH BEAM			
LOW BEAM			
TURN SIGNALS			
BRAKE LIGHTS TAIL LIGHTS / FLASHERS			
WINDOWS / WINDSHIELD			
INSURANCE INFORMATION			
HORN			
TIRES – TREAD/CONDITION PROPER INFLATION			
FRAME / BODY			
FIRE EXTINGUISHER			
FIRST AID KIT			
DOOR MIRRORS REAR VIEW MIRROR			
LIQUIDS LEVEL CHECK:			
RADIATOR			
OIL			
AUTO TRANSMISSION			
POWER STEERING			
BRAKES			
WINDOW WASHER			
ADDITIONAL COMMENTS:			