

DAILY VEHICLE INSPECTION REPORT

DATE: _____ DRIVER NAME _____
DAY MONTH YEAR LAST FIRST MIDDLE

VEHICLE MAKE	MODEL	YEAR	INSPECTOR SIGNATURE		
LICENSE NUMBER	VEHICLE I.D. #		VEHICLE REGISTERED OWNER		
UNIT NUMBER	MILEAGE		STREET ADDRESS		
CA# _____		TYPE OF TRAILER(S) _____			

Place a check to indicate the condition of item listed: (✓)

	OK	Defect	Notes
SERVICE BRAKES(INCLUDING TRAILER)			
PARKING (HAND BRAKES)			
STEERING MECHANISM			
LIGHTING DEVICES			
REFLECTORS			
TURN INDICATORS			
HAZARD FLASHERS			
MUD FLAPS			
TIRES			
HORN			
DEFROSTER			
GAUGES			
WINDSHIELD WIPERS			
REAR VISION MIRRORS			
COUPLING & DEVICES			
FIRE EXTINGUISHER			
SEAT BELTS			