**Daily Vehicle Inspection**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ Vehicle #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mileage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please place an X next to any item that needs attention and place a check next to the rest.

[\_\_\_\_] Ignition Key

[\_\_\_\_] Fuel Key

[\_\_\_\_] Check Radio

[\_\_\_\_] Visual Inspection for Exterior Damage / Leaks under the vehicle

[\_\_\_\_] Check inside the Engine compartment for any leaks and loose items

[\_\_\_\_] Oil Level

[\_\_\_\_] Washer Fluid Level

[\_\_\_\_] Coolant Level

[\_\_\_\_] Power Steering Fluid Level

[\_\_\_\_] Start Engine and Check Transmission Fluid

[\_\_\_\_] Check for Air Gauge

[\_\_\_\_] Check Tires for Wear and Pressure (70 PSI COLD) LF \_\_\_ LR \_\_\_ RF \_\_\_ RR \_\_\_

[\_\_\_\_] Check Horn

[\_\_\_\_] Check Heater / Defroster

[\_\_\_\_] Check Windshield Wipers / Washers

[\_\_\_\_] Check Highlight / Signal Lights / 4way Flashes / Tail Lights / Reverse Lights

[\_\_\_\_] Check Lift; Run on complete up and down cycle

[\_\_\_\_] Check Interior Lights

[\_\_\_\_] Check Mirrors for Damage and Adjustments

[\_\_\_\_] Check Fuel Level

[\_\_\_\_] Check First Aide Kit

[\_\_\_\_] Check Fire Extinguisher

[\_\_\_\_] Check Adequate Tie-Downs

[\_\_\_\_] Check Bio-Hazard Kit

Comments: ­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Driver’s Signature