

DAILY VEHICLE INSPECTION REPORT

Veh. # _____ Mileage _____

Date _____ Time _____

CIRCLE APPROPRIATE CONDITION

Vehicle Appearance	Good	Fair	Bad
Body Damage	None	Some	(If damage, note below)
Lights	OK	Some Out	(Explain in remarks)
Interior Lights	OK	Out	(Explain in remarks)
Tires	OK	Worn	Rims OK Cracked
Leaks	Coolant	Fuel	Oil Hyd. Trans.
	Power/steering		
Oil	OK	Added (Amount _____ qts. Type _____)	
Hyd. Oil	Low	See FLEET	
Coolant	Low	See FLEET	
Transmission	Low	See FLEET	

Remarks: _____

Driver's Signature: _____ Dept. # _____

I have reviewed this form and will report all defects, and, if inspection is due, will notify Fleet Maintenance.

Supervisor's Signature: _____