# DAILY VEHICLE INSPECTION CHECKLIST

**MONTH/YEAR:_____ VEHICLE COLOR:_____ VIN #:_____**

**Date of Last Oil Change:_____ Mileage at Start of Month:_____ Mileage at End of Month:_____**

| Item | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
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| **MORNING** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Check headlights | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Check turn signals | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Visually inspect tires for proper inflation/damage | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Physical Exterior check for damage | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Windshield wipers working | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Check windshield wiper fluid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Communication Device | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mirrors present | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Test brakes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is there insurance & registration present | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is client profile present | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gas tank at or above ½ tank | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Current registration, tags and insurance | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **EVENING** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fire extinguisher present, charged and secured | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| First aid kit present, full and secured | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gas tank at or above ½ tank | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| All Seatbelts | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| Functional | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are wheelchair lifts and tie downs functional | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Physical Exterior Check for damage | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Doors locked/vehicle secured | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Vehicle book, keys, gas card and phone brought inside building. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**Initial all items to verify that each is in working order or that item is available prior to driving your route in the morning. If an item is not in working order or there is physical damage, a supervisor must be contacted immediately so that repairs or other arrangements can be made. Upon your return in the afternoon, initial all items to verify that each is in working order or that item has been completed. If an item is missing or not operational, contact your supervisor immediately. Place an "x" in boxes for days the program is not open. Forms are to remain in the vehicle binder for the entire month. Submit form to supervisor upon completion of the last day of the month.**

**Driver Signature** _____ **Initials** _____ **Driver Signature** _____ **Initials** _____

**Driver Signature** _____ **Initials** _____ **Driver Signature** _____ **Initials** _____

**Supervisor Review**

**Signature** _____ **Date of Review** _____ **Date of Submission** _____