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| **Daily Fleet Vehicle Driver Inspection Form** | | | | |
|  |  |  | |  |
| **Date of Insp.** |  | |
| **Driver Name** |  | |

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| **Company Name** |  | |
| **Co. Vehicle/Unit # or VIN#** |  | |
| **Mileage** |  | |
| **Vehicle Type** |  | |
| **# of Passengers** |  | |
|  |  | |
| **Purpose/Use** | |  |

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| **Exterior Vehicle Condition:** *(Note any damage to body and paint, accessories.)* |  |

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| **Interior Vehicle Condition:** *(Note any damage and cleanliness to interior surfaces)* |  |

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| **Item #** | **Check List** | **Rating**  **(S), (U), (NA)**  **(ratings defined below)** | **Action Required** |
| **Safety Equipment, Manuals, Documentation** | | | |
| **S1** | **Operator/driver manual located in vehicle and in good condition** |  |  |
| **S2** | **Fuel, Emergency Roadside or other Maintenance cards/authorizations in the vehicle** |  |  |
| **S3** | **Insurance Card Located in Vehicle and in good condition** |  |  |
| **S4** | **Registration Card located in vehicle and in good condition** |  |  |
| **S5** | **Vehicle Accident Report Form/Reporting Kit Located in Vehicle**   * **Form/Kit is complete** * **Form/Kit is readable and in good condition** |  |  |
| **S6** | **State required Inspection sticker(s) located on vehicle per state requirements** |  |  |
| **S7** | **Fire Extinguisher located in vehicle**   * **Extinguisher is charged** * **Extinguisher is in good working condition** |  |  |
| **S8** | **First aid kit located in vehicle**   * **Kit has inventory sheet and inspected regularly** |  |  |
| **S9** | **Emergency Roadside kit located in vehicle** |  |  |
|  |  |  |  |
| **Vehicle Exterior/Engine** | | | |
| **E1** | **Tire Pressure checked and inflated as per Mfr. specifications** |  |  |
| **E2** | **Tires appear in good condition, sidewalls/treads do not appear damaged or bald** |  |  |
| **E3** | **Wheels appear in good condition** |  |  |
| **E4** | **ALL Glass in good condition and clean (report any and all chips, cracks or other potential signs of breakage)** |  |  |
| **E5** | **Exterior Mirrors in good condition and clean**   * **If electric, mirror controls in working order** |  |  |
| **E6** | **Brake and reverse lights in good condition and working properly**   * **Lenses/mounting in good condition** |  |  |
| **E7** | **Headlights in good and working condition (Low and High Beams)**   * **Lenses/mounting in good condition** |  |  |
| **E8** | **Turn Signal lights / Emergency flashers in good and working condition**   * **Lenses and mounting in good condition** |  |  |
| **E9** | **Windshield wipers in good and working condition**   * **Washer reservoir full** |  |  |
| **E10** | **Horn in working condition** |  |  |
| **E11** | **Backup/warning alarm (if equipped) in working condition**   * **Alarm is audible above surrounding conditions** |  |  |
| **E12** | **Engine Oil Level within acceptable range** |  |  |
| **E13** | **Coolant level within acceptable range** |  |  |
| **E14** | **Transmission fluid level within acceptable range** |  |  |
| **E15** | **Brake fluid level within acceptable range** |  |  |
| **E16** | **Battery/Leads appear in good condition and connections are tight** |  |  |
| **E17** | **No visible fluid leaks on or under vehicle** |  |  |
| **E18** | **Exhaust/muffler appears in good condition and secure** |  |  |
| **E19** | **Spare Tire on vehicle and inflated** |  |  |
|  |  |  |  |
| **Vehicle Interior** | | | |
| **I1** | **Steering wheel and mounted controls (turn signal, wipers, shift lever, etc.) in good and working condition**   * **If manual transmission, floor mounted shift lever is in good and working condition** |  |  |
| **I2** | **If 4 wheel drive equipped; drive system in good and working condition**   * **Incudes shift lever, pushbutton, or knob type controls** |  |  |
| **I3** | **Heating and Air conditioning in working condition**   * **To include front and rear defroster** |  |  |
| **I4** | **Windows (manual or electric) control in good and working condition** |  |  |
| **I5** | **Interior lighting in good and working condition** |  |  |
| **I6** | **All Seat belts in good and working condition** |  |  |
| **I7** | **Seat adjustment controls (manual or electric) in good and working condition** |  |  |
| **I8** | **Dashboard gauges/warning lights in good and working condition**   * **Report all illuminated warning lights** |  |  |
| **I9** | **Gas/brake pedals in good and working condition** |  |  |
| **I10** | **Rearview mirror in good and working condition** |  |  |
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| **Other (towing components, load securement accessories, bed liners/covers/caps, lighting,  storage racks or boxes, etc.** | | | |
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***Checklist Rating Definitions:***

***Satisfactory (S)*** *rating; No concerns or issues with item.*

***Unsatisfactory (U)*** *rating; Item in need or maintenance or repair or considered a safety issue.*

***Not Applicable (NA)*** *rating; Vehicle not equipped with or is authorized to operate without the item. Operating vehicle without item does not pose a safety concern, and does not violate Federal, State or Local requirements regarding safe vehicle operations and required equipment or devices.*

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| **Corrective Actions**  **(Reference applicable check list # in comments)** | **Reported to Maintenance** | **Repair Completed**  **Yes / No** | **If not repaired; vehicle approved to operate pending repair or maintenance** | **Mechanic / Fleet Supervisor Initials** | **Date of Repair** |
| **Checklist item #** | Yes  No | Yes  No | Yes  No |  |  |
| **Details** | | | | | |
| **Photos** | | | | | |
|  | | | | | |
| **Checklist item #** | Yes  No | Yes  No | Yes  No |  |  |
| **Details** | | | | | |
| **Photos** | | | | | |
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| **Checklist item #** | Yes  No | Yes  No | Yes  No |  |  |
| **Details** | | | | | |
| **Photos** | | | | | |

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| **Checklist item #** | Yes  No | Yes  No | Yes  No |  |  |
| **Details** | | | | | |
| **Photos** | | | | | |
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| **Checklist item #** | Yes  No | Yes  No | Yes  No |  |  |
| **Details** | | | | | |
| **Photos** | | | | | |
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| **Checklist item #** | Yes  No | Yes  No | Yes  No |  |  |
| **Details** | | | | | |
| **Photos** | | | | | |

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| **Checklist item #** | Yes  No | Yes  No | Yes  No |  |  |
| **Details** | | | | | |
| **Photos** | | | | | |
|  | | | | | |
| **Checklist item #** | Yes  No | Yes  No | Yes  No |  |  |
| **Details** | | | | | |
| **Photos** | | | | | |
|  | | | | | |
| **Checklist item #** | Yes  No | Yes  No | Yes  No |  |  |
| **Details** | | | | | |
| **Photos** | | | | | |

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| **Date of Insp.** |  |
| **Driver Name *(printed)*** |  |
| **Driver Signature** |  |

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| **Date of Signature** |  |
| **Mechanic/Fleet Supervisor Name *(printed)*** |  |
| **Mechanic/Fleet Supervisor Signature** |  |

***Mechanic or Fleet Supervisor Authorization Signature required if any above noted repair or maintenance items cannot completed before vehicle is put into service. Required repairs or maintenance do not remove vehicle from service and vehicle can be operated safely.***