

DAILY VEHICLE INSPECTION REPORT

Veh. # _____ Mileage _____

Date _____ Time _____

(Above information from door sticker)
Inspection intervals: 4 Mos., 4000 miles, 100 hours

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: _____

5625-1 R4 LgVehicles