

Vehicle Inspection Report

Vehicle drivers will complete a start of shift inspection and additional inspections as needed for safe operation of the vehicle. **Report defects and conditions affecting the safe operation of the vehicle promptly your supervisor.**
 Submit the completed report weekly to: _____.

Vehicle and Driver Information

Driver:				Vehicle description:								
License number:		Day 1 Mileage (km's):		Date of inspection (D/M/Y)	Day 1	Day 2	Day 3	Day 4	Day 5			

Vehicle Inspection Check ✓

Item	Day 1			Day 2			Day 3			Day 4			Day 5		
	Good	Fair	Poor	Good	Fair	Poor	Good	Fair	Poor	Good	Fair	Poor	Good	Fair	Poor
Status															
Motor Oil															
Coolant / Anti-Freeze															
Brakes (Foot/Hand)															
Exhaust/mufflers															
General (body)															
General (mechanical)															
Mirrors															
Seat belts															
Steering															
Tires (incl. spare)															
Windshield, wipers condition															
Washer fluid level															
Lights	OK	Replace	OK	Replace	OK	Replace	OK	Replace	OK	Replace	OK	Replace	OK	Replace	
Brake															
Head															
Signal															

Vehicle Equipment Check ✓

Item	Day 1	Day 2	Day 3	Day 4	Day 5	Comments (from all sections)	
Emergency response numbers posted							
Radio/Cell/Sat Phone							
Tools, equip. secured							
Axe, Shovel, Pulaski, Water Can							
Fire Extinguisher							
First Aid, Survival Kits							
Flares/Triangles/Cones							
Flashlight							
Tire Jack/Wrench							
Jumper Cables							
Cargo Netting/Restraint (nothing loose in bed)							
Environmental Spill Kit							
Tow Rope, Chains							

Driver / Inspector

Supervisor

Signature		Date		Signature		Date	
-----------	--	------	--	-----------	--	------	--