

# Daily Driver's Vehicle Inspection

## 1. Name

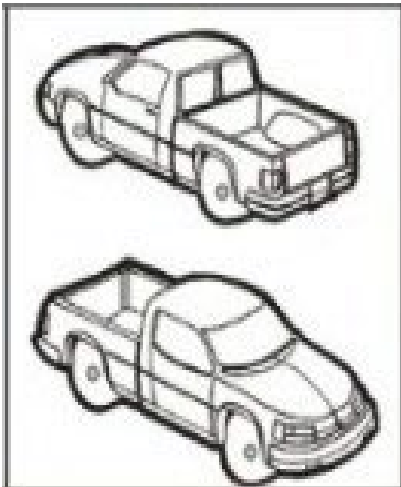
## 2. Date & Time

## 3. Location

## 4. Vehicle Make

Vehicle Make	Lic. Plate or Unit #	Trailer Lic. Plate or Unit # (If Applicable)	Odometer: Start & End
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## 5. Vehicle Inspection Check ALL item Any defective items and give details under "Remarks"

<b>Pre-Start UP</b> <input type="checkbox"/> Check Washer Fluids <b>Interior (Start Engine)</b> <input type="checkbox"/> Fuel Level <input type="checkbox"/> Horn <input type="checkbox"/> Heat /Defrost /AC <input type="checkbox"/> Interior Lights <input type="checkbox"/> Upholstery Stains, Trash, Damage <input type="checkbox"/> Seatbelts <input type="checkbox"/> Emergency Brake <input type="checkbox"/> Fire Extinguisher /Emergency Kit <input type="checkbox"/> Maintenance Records Binder <input type="checkbox"/> First Aid Kit / Snow Brush <input type="checkbox"/> Registration/Insurance Card <input type="checkbox"/> Gas Card <b>Windows / Mirrors</b> <input type="checkbox"/> Wipers <input type="checkbox"/> Mirrors/Glass Clean/Clear View <b>Exterior</b> <input type="checkbox"/> Head Lights (High/Low) <input type="checkbox"/> Turn Signals (Front/Rear)	<input type="checkbox"/> Emergency Flashers <input type="checkbox"/> Tires (Visually check damage) <input type="checkbox"/> Spare Tire <input type="checkbox"/> Tail Lights/Back-Up Lights & Beeper <input type="checkbox"/> Exhaust <input type="checkbox"/> Dents/Scratches/Window Chips <b>Under Carriage</b> <input type="checkbox"/> Obvious Leaking Fluids <input type="checkbox"/> Loose/Hanging Objects <b>Blade (if applicable)</b> <input type="checkbox"/> Blade Unit# _____ <input type="checkbox"/> Hydraulic Leak <input type="checkbox"/> Blade Damage <input type="checkbox"/> Curb Runners/Cutting Edge <input type="checkbox"/> Blade Couplings <input type="checkbox"/> Lights working on Blade <b>Shuttle Bus (if applicable)</b> <input type="checkbox"/> Rear Door is closed and locked <input type="checkbox"/> All Windows Closed (End of Shift)	Indicate any physical damage to the exterior body. Additional information may be provided in remarks. 
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## 6. Trailer – If Applicable

Check any defective item and give details under "Remarks"

<input type="checkbox"/> Air Brake and Connections <input type="checkbox"/> Parking Brake <input type="checkbox"/> Coupling Chains <input type="checkbox"/> Coupling (King) Pin <input type="checkbox"/> Towing and Coupling Devices	<input type="checkbox"/> Doors <input type="checkbox"/> Fuel System <input type="checkbox"/> Hitch <input type="checkbox"/> Landing Gear	<input type="checkbox"/> All Lights and Reflectors <input type="checkbox"/> Load Covering <input type="checkbox"/> Load Security <input type="checkbox"/> Roof	<input type="checkbox"/> Tires <input type="checkbox"/> Wheels, Rims, Fasteners <input type="checkbox"/> Suspension, Springs, Air Bags <input type="checkbox"/> Controlling Attachment <input type="checkbox"/> Other
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## 7. Condition of Above

Pre-Trip Inspection \_\_\_\_\_

No Defects Found \_\_\_\_\_

Post- Trip Inspection \_\_\_\_\_

No Defects Found \_\_\_\_\_

## 8. Remarks

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I declare that the vehicle(s) listed above has/have been inspected in accordance with the applicable requirements of Schedule A and/or Jurisdiction legislation.

Inspector's Name	Inspector's Signature	Driver's Signature (if different from Inspector)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Above defects corrected ☐      Above defects need not be corrected for safe operation of vehicle ☐

Above defects must be corrected for safe operation of vehicle ☐

Supervisor Signature	Date (Y/M/D)	Driver's Signature	Date (Y/M/D)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>