

Job:		Make:									Week Ending						
Location:		Model:									Mileage:						
		License#:									Vehicle #:						
Date Inspected	Mon ___/___/___ Driver/Inspector _____	Tue ___/___/___ Driver/Inspector _____	Wed ___/___/___ Driver/Inspector _____	Thu ___/___/___ Driver/Inspector _____	Fri ___/___/___ Driver/Inspector _____	Sat ___/___/___ Driver/Inspector _____	Sun ___/___/___ Driver/Inspector _____										
Condition Rating	Safe Unsafe N/A	Safe Unsafe N/A	Safe Unsafe N/A	Safe Unsafe N/A	Safe Unsafe N/A	Safe Unsafe N/A	Safe Unsafe N/A	Safe Unsafe N/A	Safe Unsafe N/A	Safe Unsafe N/A	Safe Unsafe N/A	Safe Unsafe N/A	Safe Unsafe N/A	Safe Unsafe N/A	Safe Unsafe N/A	Safe Unsafe N/A	Safe Unsafe N/A
<u>Electrical System</u>																	
Left & Right Front Blinkers																	
Left & Right Rear Blinkers																	
Headlights High/Low Beams																	
Emergency flashers																	
Front Parking Lights																	
Rear Tail Lights																	
Brake Lights																	
Side Clearance Lights																	
Horn																	
Windshield Wipers																	
<u>Tires/Jack Condition</u>																	
Right Front Tire																	
Right Rear Tire																	
Left Front Tire																	
Left Rear Tire																	
Spare Tire																	
Air Pressure in Tires																	
Hydraulic Jack																	
Tire Tool																	
Gloves																	
<u>Service</u>																	
Fuel Level																	
Transmission Fuel																	
Battery Condition																	
Brake Cylinder Fluid																	
Hydraulic Clutch																	
Emergency Brake																	
Battery Water Level																	
Air Filter																	
Engine Coolant Level																	
Engine Oil Level																	
Power Steering Fluid																	
Current Inspection																	
Windshield Washer Fluid																	
Interior Clean																	
Clean Exterior																	

Comments: All "UNSAFE" conditions must have **COMMENTS** and **BE CORRECTED BEFORE USING EQUIPMENT**.

Mon: _____

Tue: _____

Wed: _____

Thu: _____

Fri: _____

Sat: _____

Sun: _____

New Damage & Service Needed must be reported and made safe for vehicle use. Please List List Services Needed:

When there is NEW DAMAGE, a Property Damage Report must be completed and submitted to the Safety Department immediately.