



Vehicle Inspection Report

Vehicle operators are to inspect & document daily and submit this report weekly to their supervisor

PLEASE PRINT CLEARLY

VEHICLE AND OPERATOR INFORMATION

| | | | | | | | |
|----------------|----------------|----------------------------|---------------------|-------|-------|-------|-------|
| Operator Name | | | Vehicle description | | | | |
| License number | Mileage (km's) | Date of inspection (D/M/Y) | Day 1 | Day 2 | Day 3 | Day 4 | Day 5 |

VEHICLE CONDITION 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 | |
| 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/Cel/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 | | | | | | | |
| Environmental Spill Kit | | | | | | | |
| Tow Rope, Chains | | | | | | | |

OPERATOR / INSPECTOR

SUPERVISOR

| | | | |
|-----------|------|-----------|------|
| Signature | Date | Signature | Date |
|-----------|------|-----------|------|