



Daily Vehicle Inspection Form

Department: Falling

(OH&S Regulation 17.01 to 17.14)

Vehicle operators are to inspect & document daily

VEHICLE AND OPERATOR INFORMATION

Operator name: _____ Vehicle description: _____
 License number: _____ Mileage (km's): _____ Date of inspection (D/M/Y): _____ Day #: _____

VEHICLE CONDITION CHECK ✓

Item	Good	Fair	Poor	Comments
Motor Oil				
Coolant/Anti-Freeze				
Brakes (Hand/Foot)				
Exhaust/Mufflers				
General (body)				
General (mechanical)				
Mirrors				
Seat belts				
Steering				
Tires (include spare)				
Windshield, Wipers condition				
Washer Fluid Level				
Lights	OK	Replace		
Brake Lights				
Head Lights				
Signal Lights				

VEHICLE EQUIPMENT CHECK ✓

Item	Good	Fair	Poor	Comments
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				
Environmental Spill Kit				
Tow Rope, Chains				

OPERATOR/INSPECTOR NAME:

Signature: _____ Date: _____