

Driver Daily Vehicle Inspection Report

Driver Name:		Mileage		
Truck#:		Begin	End	Total miles driven:
Store #:	Date:			

Engine-off Checklist			Engine-on Checklist		
	OK	Action		OK	Action
Check for visual damage	<input type="checkbox"/>	<input type="checkbox"/>	Check parking brake	<input type="checkbox"/>	<input type="checkbox"/>
Look under truck for leaks	<input type="checkbox"/>	<input type="checkbox"/>	Check steering wheel play	<input type="checkbox"/>	<input type="checkbox"/>
Clean windows and mirrors	<input type="checkbox"/>	<input type="checkbox"/>	Check horn	<input type="checkbox"/>	<input type="checkbox"/>
Check radiator coolant level	<input type="checkbox"/>	<input type="checkbox"/>	Check turn signals	<input type="checkbox"/>	<input type="checkbox"/>
Check engine oil level	<input type="checkbox"/>	<input type="checkbox"/>	Check all lights; head, tail, box, etc.	<input type="checkbox"/>	<input type="checkbox"/>
Check brake fluid & brake pedal travel	<input type="checkbox"/>	<input type="checkbox"/>	Check oil pressure gauge	<input type="checkbox"/>	<input type="checkbox"/>
Check windshield washer fluid	<input type="checkbox"/>	<input type="checkbox"/>	Check fuel level gauge	<input type="checkbox"/>	<input type="checkbox"/>
Check tire pressure and condition	<input type="checkbox"/>	<input type="checkbox"/>	Check engine temperature gauge	<input type="checkbox"/>	<input type="checkbox"/>
Check and adjust mirrors	<input type="checkbox"/>	<input type="checkbox"/>	Check transmission	<input type="checkbox"/>	<input type="checkbox"/>
Check lift-gate & ramp	<input type="checkbox"/>	<input type="checkbox"/>			
Safety Equipment			In-Truck documentation		
	OK	Action		OK	Action
Fire extinguisher charged	<input type="checkbox"/>	<input type="checkbox"/>	Copy of current registration	<input type="checkbox"/>	<input type="checkbox"/>
Check for 3 reflective triangles	<input type="checkbox"/>	<input type="checkbox"/>	Copy of insurance card	<input type="checkbox"/>	<input type="checkbox"/>
Check for first aid kit	<input type="checkbox"/>	<input type="checkbox"/>	Annual DOT inspection sticker	<input type="checkbox"/>	<input type="checkbox"/>
Check rear convex mirrors	<input type="checkbox"/>	<input type="checkbox"/>	Accident kit (forms required)		
Seat belts operable	<input type="checkbox"/>	<input type="checkbox"/>	Accident / Incident Report	<input type="checkbox"/>	<input type="checkbox"/>
Check operation of backup alarm	<input type="checkbox"/>	<input type="checkbox"/>	Driver exchange cards	<input type="checkbox"/>	<input type="checkbox"/>
Other			Additional		
	OK				
Folded blankets and straps	<input type="checkbox"/>		♦ Daily Vehicle inspection is required by LAW		
Cargo area clean	<input type="checkbox"/>		♦ Truck interior and exterior must be cleaned at least once per week		
Dome light off	<input type="checkbox"/>		♦ Drive Safe. Be courteous to other motorists		
Unloaded in PM	<input type="checkbox"/>		♦ Seat belt usage is required by LAW		

List all defects or damage:

☐ All "Actions" have been corrected (driver)☐ Actions need to be corrected for safe operation**Report all defects to your supervisor – DO NOT operate an unsafe vehicle**

Driver's signature for post-trip inspection	Date:
Driver's signature for pre-trip inspection	Date:
Mechanic's signature if required	Date: