



Daily Vehicle Inspection Checklist

Driver Name	
Make/Model/Year	
VIN or Unit #	
Odometer Reading (km)	

Documentation

Item	Checked (Yes/No)
Manufacturer's handbook	Yes <input type="checkbox"/> No <input type="checkbox"/>
Service record book (up-to-date)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Company driver's handbook	Yes <input type="checkbox"/> No <input type="checkbox"/>
Accident report form	Yes <input type="checkbox"/> No <input type="checkbox"/>
Copy of annual safety inspection (sticker or form)	Yes <input type="checkbox"/> No <input type="checkbox"/>

Vehicle - Interior

Item	Satisfactory (Yes/No)
Heating	Yes <input type="checkbox"/> No <input type="checkbox"/>
Air Conditioning	Yes <input type="checkbox"/> No <input type="checkbox"/>
Windshield defogging system	Yes <input type="checkbox"/> No <input type="checkbox"/>
Window operation	Yes <input type="checkbox"/> No <input type="checkbox"/>
Door handles / locks	Yes <input type="checkbox"/> No <input type="checkbox"/>
Alarm	Yes <input type="checkbox"/> No <input type="checkbox"/>
Seats	Yes <input type="checkbox"/> No <input type="checkbox"/>
Seat belts work and free of damage / excessive wear	Yes <input type="checkbox"/> No <input type="checkbox"/>
Interior Lights	Yes <input type="checkbox"/> No <input type="checkbox"/>
Mirrors are in good position and properly adjusted	Yes <input type="checkbox"/> No <input type="checkbox"/>
No warning lights are on	Yes <input type="checkbox"/> No <input type="checkbox"/>
Fuel levels	Yes <input type="checkbox"/> No <input type="checkbox"/>
Oil level is sufficiently high	Yes <input type="checkbox"/> No <input type="checkbox"/>
Washer fluids levels are sufficiently high	Yes <input type="checkbox"/> No <input type="checkbox"/>
Radiator fluid levels are sufficient	Yes <input type="checkbox"/> No <input type="checkbox"/>
Emergency roadside supplies are properly stocked and located in the trunk of vehicle	Yes <input type="checkbox"/> No <input type="checkbox"/>

Engine Compartment

Item	Satisfactory (Yes/No)
Engine oil level	Yes <input type="checkbox"/> No <input type="checkbox"/>
Coolant level (anti-freeze)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Battery secured	Yes <input type="checkbox"/> No <input type="checkbox"/>
Brake fluid level	Yes <input type="checkbox"/> No <input type="checkbox"/>
Transmission fluid level	Yes <input type="checkbox"/> No <input type="checkbox"/>
Windshield washer bottle full with correct fluid	Yes <input type="checkbox"/> No <input type="checkbox"/>

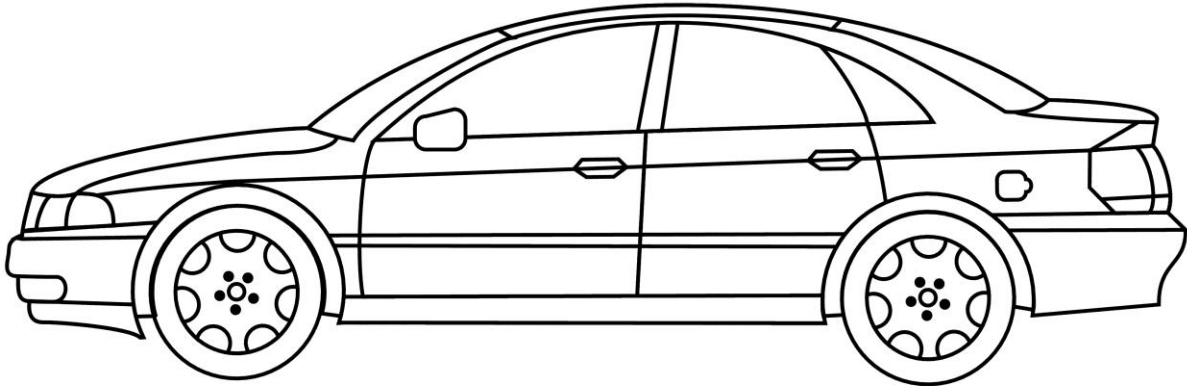
Vehicle - Exterior

Item	Satisfactory (Yes/No)
Windows/windshield not severely cracked	Yes <input type="checkbox"/> No <input type="checkbox"/>
Functional Windshield wipers	Yes <input type="checkbox"/> No <input type="checkbox"/>
Headlights (high/low beam)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Tail lights / brake lights	Yes <input type="checkbox"/> No <input type="checkbox"/>
Emergency brake in good working order	Yes <input type="checkbox"/> No <input type="checkbox"/>
Power brakes are in good working order	Yes <input type="checkbox"/> No <input type="checkbox"/>
Horn	Yes <input type="checkbox"/> No <input type="checkbox"/>
Tires in good shape (no damages /bald tires/properly inflated).	Yes <input type="checkbox"/> No <input type="checkbox"/>
No air leaks (walk around the vehicle and listen for air leaks while driver applies the brakes)	Yes <input type="checkbox"/> No <input type="checkbox"/>
No oil / grease leaks (at wheel seals or under the vehicle)	Yes <input type="checkbox"/> No <input type="checkbox"/>
No fuel leaks or odour of gasoline detected	Yes <input type="checkbox"/> No <input type="checkbox"/>
Mirrors are in good position and properly adjusted	Yes <input type="checkbox"/> No <input type="checkbox"/>
Exhaust system is in good working order	Yes <input type="checkbox"/> No <input type="checkbox"/>
Wheels and fasteners are fitted tightly	Yes <input type="checkbox"/> No <input type="checkbox"/>
Turn signals	Yes <input type="checkbox"/> No <input type="checkbox"/>
Vehicle is free of excessive damage	Yes <input type="checkbox"/> No <input type="checkbox"/>
All loads are fastened / secured appropriately	Yes <input type="checkbox"/> No <input type="checkbox"/>
Vehicle condition is satisfactory	Yes <input type="checkbox"/> No <input type="checkbox"/>
Defects reported	Yes <input type="checkbox"/> No <input type="checkbox"/>

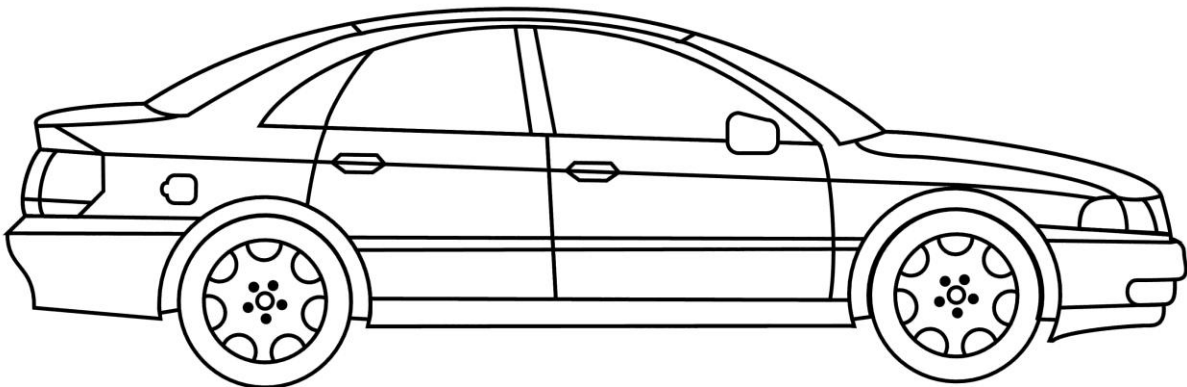
Additional Comments:

Select the vehicle type relevant for each inspection presented on page two to four and indicate body damages on the diagrams provided.

Private Passenger Vehicle:



Left Side of Private Passenger Vehicle



Right Side of Private Passenger Vehicle

Additional Comment(s):

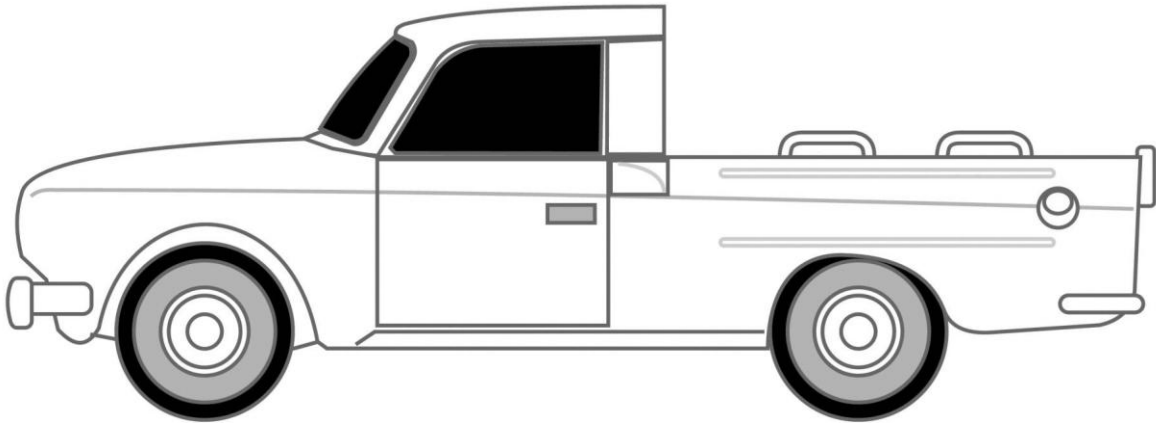
Inspection Performed by:

Employee Name: _____

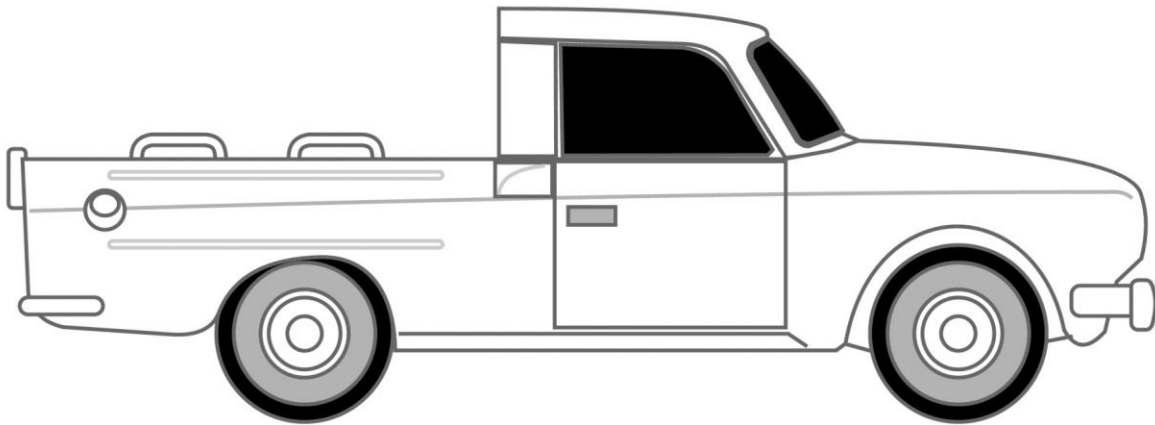
Signature: _____

Date: _____ **Time:** _____

Pick-up Truck:



Left Side of Pick-up Truck



Right Side of Pick-up Truck

Additional Comment(s):

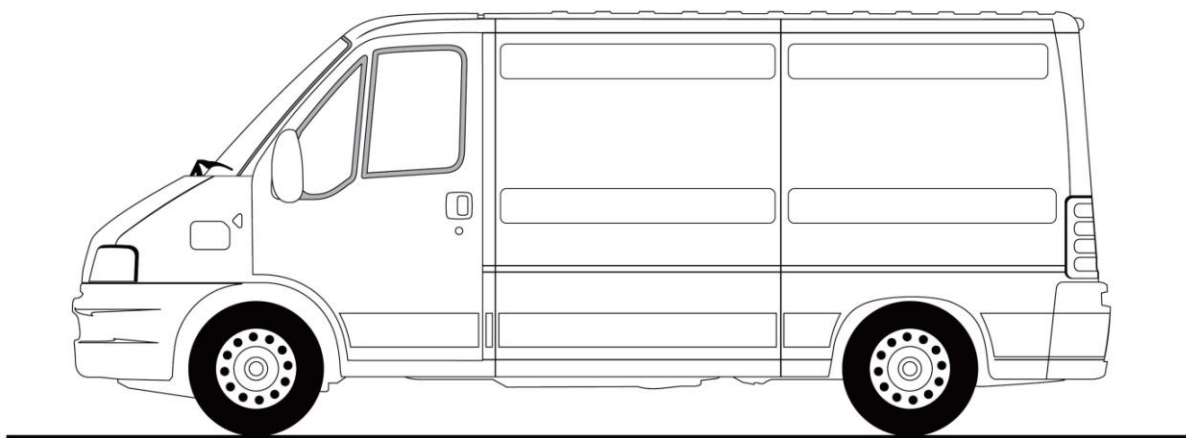
Inspection Performed by:

Employee Name: _____

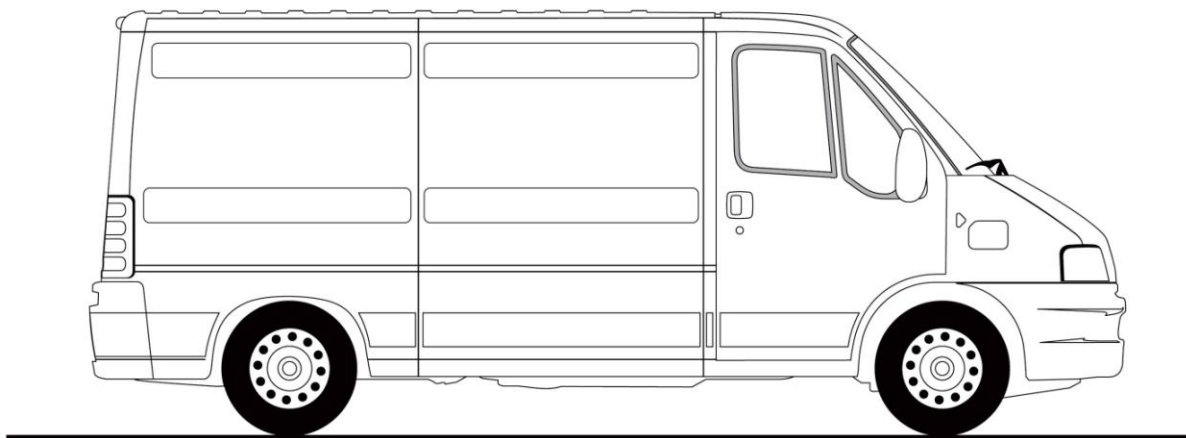
Signature: _____

Date: _____ **Time:** _____

Service Vehicle:



Left Side of Service Vehicle



Right Side of Service Vehicle

Additional Comment(s):

Inspection Performed by:

Employee Name: _____

Signature: _____

Date: _____ **Time:** _____