

DAILY VEHICLE CHECK LIST			
FLEET # :		DATE:	
LOCATION/SITE: .....			
INSPECTIONS	OK	NOT OK	REMARKS
VISUALLY CHECK BODY WORK FOR RUST AND DENTS			
CHECK WINDSCREEN FOR CRACKS			
CHECK THE LIGHTS FUNCTION OF THE VEHICLE			
CHECK WIPER BLADES			
CHECK TIRES CONDITION AND PRESSURE			
CHECK SPARE WHEEL AND JACK			
CHECK SEAT BELT CONDITION			
CHECK FOR WARNING LIGHTS ON INSTRUMENT CLUSTER			
CHECK HEADLIGHTS, BEACON AND BRAKE LIGHTS			
CHECK INDICATORS ARE WORKING			
CHECK HORN FUNCTION			
CHECK WIPER WASHER FLUIDLEVEL			
CHECK BRAKES FOR CORRECT FUNCTION			
CHECK ENGINE OIL, COOLANT AND FUEL LEVEL			

**NOTE: ALL IDENTIFIED DEFECTS SHOULD BE REPORTED TO THE WORKSHOP/FLEET MANAGER**

**OPERATOR'S NAME:** .....