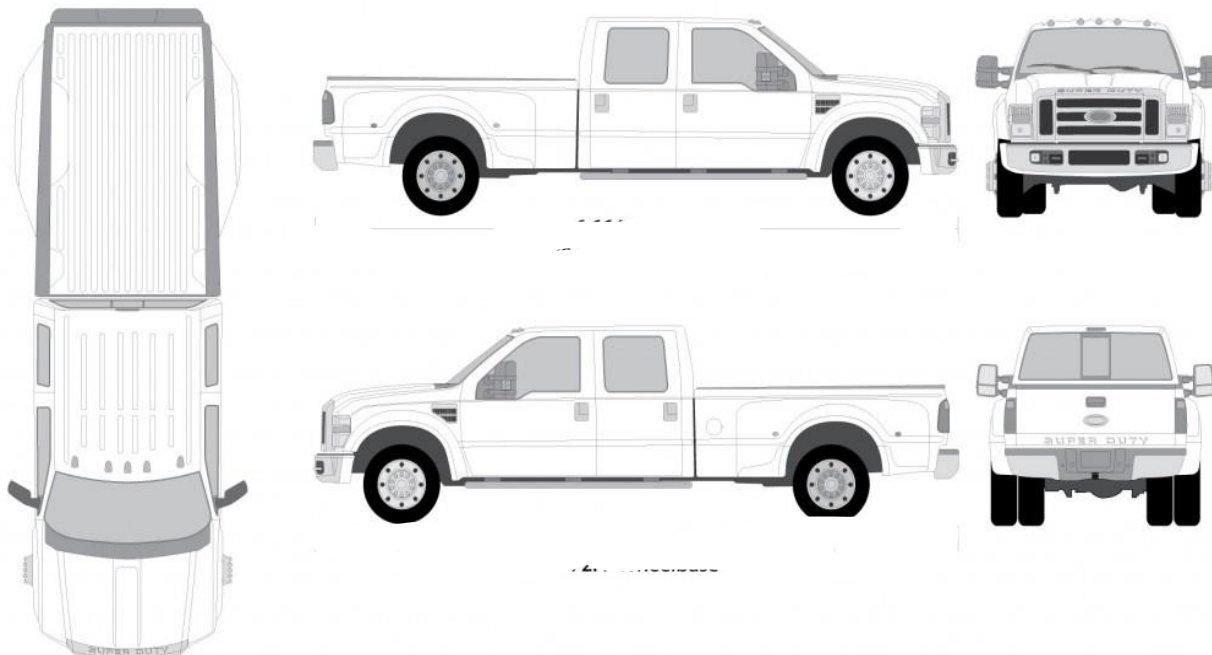


Weekly Vehicle Inspection Form

Project Location:				Date:	
Driver Name:					
Unit #:		Mileage:		Next Oil Change:	
<input type="checkbox"/> Maintenance due within 500 Miles		<input type="checkbox"/> Maintenance Past Due			
The following items are in good condition:		Yes	No	Problems	
Vehicle Exterior					
Signs of leaks under the vehicle		<input type="checkbox"/>	<input type="checkbox"/>		
Tire inflated		<input type="checkbox"/>	<input type="checkbox"/>		
Windows and Mirrors Clean		<input type="checkbox"/>	<input type="checkbox"/>		
Doors Open / Close		<input type="checkbox"/>	<input type="checkbox"/>		
Under Hood					
Oil Level is Acceptable		<input type="checkbox"/>	<input type="checkbox"/>		
Transmission Fluid Level is Acceptable		<input type="checkbox"/>	<input type="checkbox"/>		
Power Steering Fluid Level is Acceptable		<input type="checkbox"/>	<input type="checkbox"/>		
Brake Fluid Level is Acceptable		<input type="checkbox"/>	<input type="checkbox"/>		
Corrosion on Battery		<input type="checkbox"/>	<input type="checkbox"/>		
Hoses (<i>Dripping Fluids, Cracked or Leaking</i>)		<input type="checkbox"/>	<input type="checkbox"/>		
Belts not frayed or cracked		<input type="checkbox"/>	<input type="checkbox"/>		
Vehicle Interior					
Clean Interior		<input type="checkbox"/>	<input type="checkbox"/>		
Floor Free of Hazards		<input type="checkbox"/>	<input type="checkbox"/>		
Seat Belts in Good Condition		<input type="checkbox"/>	<input type="checkbox"/>		
Adjust Mirrors		<input type="checkbox"/>	<input type="checkbox"/>		
Check Brakes		<input type="checkbox"/>	<input type="checkbox"/>		
Heater (Spring - Winter - Fall)		<input type="checkbox"/>	<input type="checkbox"/>		
A/C (Spring - Summer - Fall)		<input type="checkbox"/>	<input type="checkbox"/>		
Defrosting System		<input type="checkbox"/>	<input type="checkbox"/>		
Adequate Fuel		<input type="checkbox"/>	<input type="checkbox"/>		
Any Warning Lights on		<input type="checkbox"/>	<input type="checkbox"/>		
Two - way Communication		<input type="checkbox"/>	<input type="checkbox"/>		
Doors Locking		<input type="checkbox"/>	<input type="checkbox"/>		
Electrical					
Turn signals: Front Left, Front Right,		<input type="checkbox"/>	<input type="checkbox"/>		
High Beams		<input type="checkbox"/>	<input type="checkbox"/>		
Low Beams		<input type="checkbox"/>	<input type="checkbox"/>		
Emergency Flashers		<input type="checkbox"/>	<input type="checkbox"/>		
Horn		<input type="checkbox"/>	<input type="checkbox"/>		
Windshield Wipers		<input type="checkbox"/>	<input type="checkbox"/>		
Checked by another person by Mirror					
Turn signals: Back Left, Back Right		<input type="checkbox"/>	<input type="checkbox"/>		
Brake Lights		<input type="checkbox"/>	<input type="checkbox"/>		
Backup Lights		<input type="checkbox"/>	<input type="checkbox"/>		
Safety Equipment					
Reflective Triangles or Flares		<input type="checkbox"/>	<input type="checkbox"/>		
First Aid		<input type="checkbox"/>	<input type="checkbox"/>		
Fire Extinguishers		<input type="checkbox"/>	<input type="checkbox"/>		

Weekly Vehicle Inspection Form

Company Requirements			
Automobile Registration, Insurance card, Accident	<input type="checkbox"/>	<input type="checkbox"/>	
Have all employees been instructed on safe backing methods	<input type="checkbox"/>	<input type="checkbox"/>	
Have all employees have been informed of what actions to take in the they are invloved in an accident.	<input type="checkbox"/>	<input type="checkbox"/>	
Seat belt is required at all time's	<input type="checkbox"/>	<input type="checkbox"/>	
Have all Employees been informed of appropriate safety guidelines when hauling loads	<input type="checkbox"/>	<input type="checkbox"/>	



Note Any Body Damage on the Truck By Circling or Drawing on the Picture

Description of Problems:

Driver's Printed Name

Driver's Signature and Date