



Pick-up Truck Daily Inspection Report

Section _____
Station _____
Date _____

Equipment # _____
Odometer (End of Day) _____
Odometer (Beg. of Day) _____
Miles Driven _____

PRE-START CHECK

P	F	N/A		P	F	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Chock Block Down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fluid Levels Adequate
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tires, Wheels, and Lugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Seat Belts Operational
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Windshield Clean, No cracks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Steering Front Suspension
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mud Flaps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Body Damage/Dents/Scrapes. Condition of Decals
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Engine/Engine Components	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vehicle Registration/Plates on vehicle
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accident forms in vehicle				

***Comments: (Note any action taken for any fail boxes checked, or any other problems)**

PRE-DRIVE CHECKS (Engine Running-Vehicle secured)

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gauge Reading Normal (Oil & Water)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lights/Reflectors operational
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Horn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heater/Defroster
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Back-Up alarm operational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Brake System
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Windshield wipers operational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mirrors Adjusted
							Loads tied down and secure

***Comments: (Note any action taken for any fail boxes checked, or any other problems)**

OPERATORS PERSONAL ITEMS

- | | | | |
|--------------------------|-----------------------------|--------------------------|---|
| <input type="checkbox"/> | Fire Extinguisher | <input type="checkbox"/> | Reflectors |
| <input type="checkbox"/> | First Aid Kit (If Required) | <input type="checkbox"/> | Valid California Drivers License and Medical Card |

POST-DRIVE CHECKS

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Interior Vehicle Clean
<input type="checkbox"/>	<input type="checkbox"/>	Exterior Vehicle Clean
		<input type="checkbox"/> Chock Block in Place

***Note any problems or discrepancies that occurred. Describe any unusual vibrations or noises:**

Have all unsatisfactory items been turned in for repair? Yes No No Problem Found

Driver's Name (Print) Driver's Signature

Employee Making Repairs _____ Date: _____

Defects Corrected by Equipment Division

Review of the last vehicle operator inspection report.

Driver's Name (Print) Driver's Signature Date: _____

P=Pass
F=Fail
N/A= Not Applicable