

# Driver's Daily Vehicle Checklist

Driver Name:

Date:

Vehicle ID/Plate No.:

Odometer Reading:

Item to Inspect	OK	Needs Attention	Comments
Engine Oil Level			
Coolant Level			
Brake Fluid			
Lights & Indicators			
Tyres & Pressure			
Windshield Wipers			
Horn			
Mirrors			
Seat Belts			
Emergency Equipment			

Driver's Signature:

Supervisor's Signature: