Daily Vehicle Inspection Form

Date

Driver Name

Vehicle Number/ID

Odometer Reading

Location

Inspector Name

Component	Pass	Fail	Comments
Brakes	☐	☐	
Lights	☐	☐	
Tires	☐	☐	
Steering	☐	☐	
Horn	☐	☐	
Mirrors	☐	☐	
Windshield & Wipers	☐	☐	
Fluid Levels	☐	☐	
Seat Belts	☐	☐	
Emergency Equipment	☐	☐	

Additional Remarks

Driver's Signature

Inspector's Signature