

PASSENGER VEHICLE DAILY INSPECTION CHECKLIST

Vehicle Registration No:	Gate Pass No:
Driver Name:	Last maintenance Date:

CHECK POINTS	MON		TUE		WED		THU		FRI		SAT	
	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Is the vehicle free from visible damage?												
Do all four tires look to be properly inflated?												
Any oil, fuel leakages underneath vehicle?												
Are wiper blades adequate?												
Is the vehicle interior clean of debris?												
Is in the engine oil, wind shield water within range												
Are seat belts working properly												
Is the emergency kit available												
Is vehicle documents are available												
Are head lights, tailing lights, break lights, back lights												
Are the proper mirror available (Rear and side)												
Is the parking brake is working												
Do the side indicators working												

Weekly checks: Spare tire available/ Jack system available/ Coolant, brake fluid is in range/ Battery in good condition.

Comments: _____

Driver's signature: _____

Date: _____