

Company Name Here

Address, City, State Zip

DRIVER VEHICLE INSPECTION REPORT

Check Any Defective Item and Give Details Under "Remarks".

- | | |
|--|--|
| <input type="checkbox"/> Lights | <input type="checkbox"/> Windshield Wipers |
| <input type="checkbox"/> Windshield | <input type="checkbox"/> Brakes |
| <input type="checkbox"/> Mirrors | <input type="checkbox"/> Hood & Trunk |
| <input type="checkbox"/> Tires | <input type="checkbox"/> Window Operation |
| <input type="checkbox"/> Door and Door Handles | <input type="checkbox"/> Meter Seal (Taxi) |
| <input type="checkbox"/> Signals | <input type="checkbox"/> Leaks (Fluids) |
| <input type="checkbox"/> Horn | <input type="checkbox"/> |

MAINTENANCE / REPAIRS

REMARKS / COMMENTS

Mechanic's Signature: _____

Date: _____

Driver's Signature: _____

Date: _____