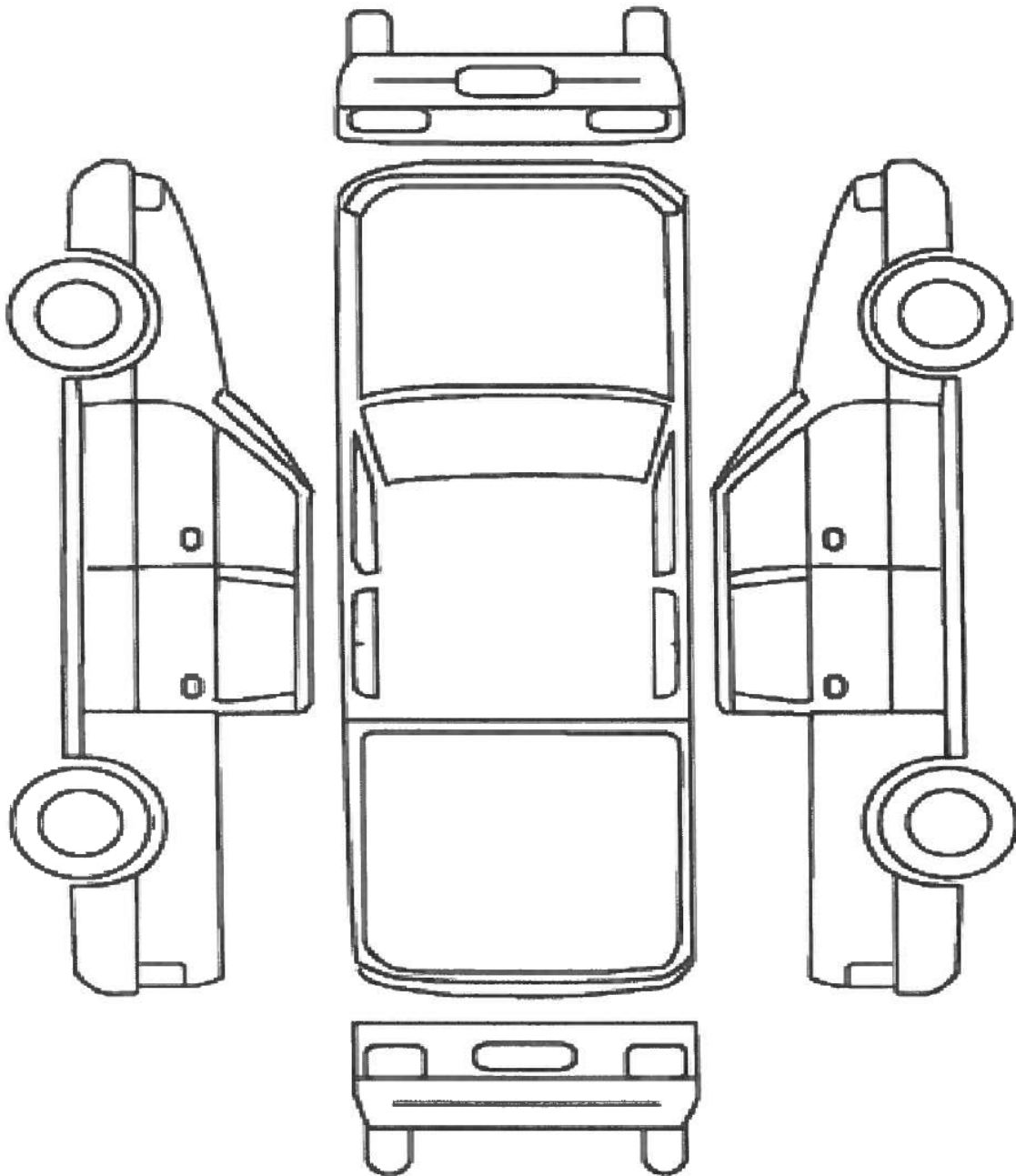


Date: _____

Vehicle# _____

Odometer reading _____

Employee Name _____ Signature _____



Please mark damage on vehicle with an "X".

Please mark large scratches with an "S".

GENERAL WORKING CONDITION OF VEHICLE:

	WC	NR
Tires	<input type="checkbox"/>	<input type="checkbox"/>
Comments _____		
Windshield	<input type="checkbox"/>	<input type="checkbox"/>
Comments _____		
Windshield Wipers	<input type="checkbox"/>	<input type="checkbox"/>
Oil Level	<input type="checkbox"/>	<input type="checkbox"/>
Lights	<input type="checkbox"/>	<input type="checkbox"/>
Turn Signals	<input type="checkbox"/>	<input type="checkbox"/>
Horn	<input type="checkbox"/>	<input type="checkbox"/>
Registration	<input type="checkbox"/>	<input type="checkbox"/>
Inspection	<input type="checkbox"/>	<input type="checkbox"/>
Enterprise cards	<input type="checkbox"/>	<input type="checkbox"/>

SAFETY SUPPLIES:

Client required documents	<input type="checkbox"/>	<input type="checkbox"/>
Client required PPE (Personal Protection Equipment)	<input type="checkbox"/>	<input type="checkbox"/>
Fire Extinguisher	<input type="checkbox"/>	<input type="checkbox"/>
Safety Cones	<input type="checkbox"/>	<input type="checkbox"/>
First Aid Kit	<input type="checkbox"/>	<input type="checkbox"/>
Objects in truck secured	<input type="checkbox"/>	<input type="checkbox"/>
360 Walk Around	<input type="checkbox"/>	<input type="checkbox"/>

Supplies need for first aid kit _____

Other Comments or items that need attention/repaired on vehicle _____

*** WC = Working Condition

***NR = Needs Repair