

DAILY VEHICLE INSPECTION REPORT – DVIR

Vehicle No. _____	Date _____
Time _____	
End Mileage _____	Fuel Qnty _____
Start Mileage _____	Type & qty of fluids added _____
Total Miles _____	Driver _____

MARK ITEMS WITH: √ = OK or X = Defective. Explain in REMARKS

ENGINE	PRE	POST	DRIVER AREA	PRE	POST	EXTERIOR	PRE	POST
Cables / Hoses / Belts / Wires			Gauges / Lights			Mirrors		
Coolant Level			Switches			Wheels and Tires		
Engine Oil			Fuel Quantity			Windshield / Wipers		
W/S Washer Fluid			Horn			Inspection Sticker		
			W/S Wipers / Washer			License Plates		
			Defroster			Body / Paint Damage		
INTERIOR			A/C (Front & Rear)			Undercarriage - Leaks		
Accident / Incident Kit			Rear Fan / Heater			Windows		
Fuel Card			Mirrors - tight			WC Lift Doors - unlock		
Fire Extinguisher			Two-Way Radio Check			Emergency Exit - unlock		
Reflectors (3)			MDC - screws/cables			Fuel Filler Cap		
First Aid Kit			Brakes / Pedal Fade					
Biohazard Spill Kit			Parking Brake					
Seat Belts / Ext. / Harness						TRIANGLE		
Emergency Exit Door - Open						Remove Triangle		
Emergency Windows - Open			LIGHTS			Replace / Hang Triangle		
Tie Downs / Restraints			Head Lights- High/Low					
Belt Cutters			Tail / Brake Lights			LIFT OPERATION		
CLEANLINESS			Turn Signals			One Complete Cycle		
			4-Way Flashers					
			Backup Lights / Alarm					
			License Plate Light					

PRE-TRIP SIGNATURE: _____ *Complete inspection and sign ONLY if you are sure the vehicle is safe to operate.*

REMARKS: _____

POST-TRIP SIGNATURE: _____ *BE SURE PASSENGERS AND VALUABLES ARE NOT LEFT ON THE VEHICLE*
 *REMEMBER TODISPLAY TRIANGLE AND LOCK ALL EXITS BEFORE LEAVING THE VEHICLE

MECHANIC'S SIGNATURE: _____ DATE: _____
 COMMENTS: _____
