Format	· NIA ·
i Oilliai	

Date:

Truck or Trailer No.:	Mileage:	Hour:

Sr.No.	Operation Name	Frequency	Mon	Tues	Weds	Thurs	Fri	Saturn
1	Review Vehicle Condition Report	D						
2	Check for Repair Notices.	D						
3	Engine: Oil and coolant level, Check Nut bolts, hose pipes, Power	D						
3	steering fluid level							
4	Check the Batteries Condition, Recent inspection notes and check as	W						
	securty point of view condition.							
	Check Brakes, Air Pressusors & Warning Sinnals	D						
5	- Air compressor governor cut in/out (90/20 psi)	D						
	- Service brake and parking brake	D						
	- Drain air reservoirs	W						
6	Steering Check for excessive play, binding and noise, check all	D						
	mechanical components Check driver cabinate having mobile and porable radio operations,							
7	Cleaning, Mirros & glass, Seal belts, all switches, gauges and wipers	D						
,	Cleaning, Militos & glass, Sear beits, all switches, gauges and wipers							
8	Check all the lighting Including Emergency warning lights	D						
	Check tires and Wheels for Damage, tread depth and under	D						
9	inflation, lug nots, wheel inspection.	_						
10	Check transmission for Leaks, ease of operation	D						
11	Check clutch for Excessive travel, smooth operations	D						
13	Check body and compartments - doors and latches, lubricate	D						
15	latches and hinges, grease fittings.							
	Check Toosl and equipments, is all are at proper location and	D						
14	stocked, is there power tools, batteries and chargers re working							
	conditions, proper fit.							
	Is there safety equipments - Fire Extinguisher, reflective markers are	W						
15	at place?, all the safety equipments are ready for work at emergency							
	situation?							
* D = Da	aily W = Week's First Day	REPORT						
		REPUKI		1		1		1
1	Vehicle Condition is satisfactory (YES / NO)							
2	Driver Signature							
3	Corrective Actions are taken & completed? (YES / NO)							
Mechanical Signature & Date Driver Signature & Date								