

Daily Driver Vehicle Condition Report

Date

Driver Name

Vehicle ID / Plate

Odometer Reading

Time

Item	OK	Needs Attention	Comments
Brakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Lights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Tires	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Fluid Levels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Body/Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Windshield/Wipers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Mirrors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Other Issues

Driver Remarks

Driver Signature