

Daily Pre-Operation Inspection: Motor Vehicle

Operator _____ Date _____

Motor Vehicle ID _____ Make/Model _____

Location: _____

Item	OK	Needs Attention	Specific Comments
Tires			
Fluid Levels			
● Oil			
● Transmission			
● Brake			
● Washer			
Fuel Level			
Driver's License			
Brakes			
Windshields and Mirrors			
Controls			
Safety Belts			