

## DRIVER'S DAILY VEHICLE INSPECTION REPORT

VAN# \_\_\_\_\_

MM/YY: \_\_\_\_\_

ENDING MILEAGE: \_\_\_\_\_

Brakes  
Horn  
Tires  
Mirrors

Steering Mechanism  
Instrument Panel  
Windshield Wipers

Lighting Devices/Reflectors  
Wheels/Rims  
Emergency/Safety Equipment

**IF NO DEFICIENCIES ARE NOTED, INITIAL UNDER DATE INSPECTION PERFORMED**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

If no defect or deficiency is discovered or reported to the driver, the report shall so indicate by initialing the corresponding date block below. If a deficiency is noted, indicate the date, mileage, and nature of the deficiency below. If this is a **SAFETY ISSUE** or one that may **CAUSE THE VAN TO HAVE A MECHANICAL BREAKDOWN**, call your Project Director **IMMEDIATELY** to arrange for a spare so your van can go in for repairs. If it is not an emergency, call and make arrangements for the repairs to be completed as soon as possible. (Albuquerque-based vans, call Ken Thom at 833-1167 or 263-2123; all other vans, call Cecil Stark at 982-0413, 667-6486, or 670-2107.) These inspections **MUST BE PERFORMED DAILY** and turned in to the SECA office with the monthly report.

**DEFICIENCIES NOTED:**

Date: \_\_\_\_\_ Mileage: \_\_\_\_\_ Problem Found: \_\_\_\_\_

Date: \_\_\_\_\_ Mileage: \_\_\_\_\_ Problem Found: \_\_\_\_\_

Date: \_\_\_\_\_ Mileage: \_\_\_\_\_ Problem Found: \_\_\_\_\_

**SCHEDULED AND EMERGENCY MAINTENANCE SERVICES COMPLETED DURING MONTH: (attach receipts to this form)**

Type of Service: \_\_\_\_\_ Date Performed: \_\_\_\_\_ Mileage: \_\_\_\_\_

Type of Service: \_\_\_\_\_ Date Performed: \_\_\_\_\_ Mileage: \_\_\_\_\_