



Driver's Log

Vehicle #	Driver's Name	Destination	Date	Time
			___/___/___	___:___

Place a check (✓) mark beside each item to indicate inspection of item.

Check	Item	Check	Item
	Engine		Parking Brake
	Transmission		Service Brakes
	Steering		Coupling Devices
	Horn		Tires
	Windshield Wipers		Wheels and Rims
	Rear-Vision Mirrors		Emergency Equipment
	Lighting Devices and Reflectors		Other

Explain any defects _____

Beginning Odometer Reading _____

- Vehicle condition OK
(must be checked if there are no defects)
- Defects do not need to be corrected for safe operation
- Defects corrected

Driver's Signature

Mechanic's Signature