

VEHICLE DEFECT REPORT CARD

Daily 14-Point Vehicle Check

Date: _____ Reg. No: _____

First Driver to Check:

	Okay?	Defects	Action Taken	Signed
Oil / Fuel / Water / Air Leaks				
Lights / Indicators / Brake Lights				
Tyres / Wheelnuts / Trims				
External Engine Stop				
Doors / (Ryctcle) / Exits				
Buzzers / Hammer / Bells				
Wipers / Washers / Horn De-Mister				
Seats –Security / Damage, Seatbelts – Condition				
Interior General				
Exterior Bodywork, Glass / Mirrors – Condition				
Fire Exit & First Aid Kit / Operators Disc & Tax Disc				
Step & Interior Lights				
Brakes, Inc. Pressure Check / Steering				
Other Comments				

First Driver Name

"I confirm that I have personally checked all the above items"

Signed: _____

Second Driver Name

Additional defects noted above / no additional defects (delete not required option)

First Driver Name

Signed: _____ Counter-Signed: _____

FIRST DRIVER OF THE DAY MUST CHECK **ALL ITEMS**. THIS CARD IS TO STAY ON THE VEHICLE. THE LAST DRIVER OF THE DAY MUST OBTAIN CONTERSIGN AND HAND THIS CARD INTO DEPOT AT THE END OF THE DAY.