# Driver Daily Check Sheet

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| **[Insert your organisation’s name here]****This form must be completed prior to driving and handed in to the office** |
| Date: |  |
| Vehicle Registration Number: |  |
| Odometer Reading: |  |
| **Item** | ** X** | **Item** | ** X** |
| Engine Oil Level |  | Indicators \* |  |
| Coolant Level |  | Reverse Lights \* |  |
| Power Steering Oil Level |  | Hazard Lights \* |  |
| Brake Fluid Level |  | Mirrors - Side and internal \* |  |
| Clutch Fluid Level |  | Horn \* |  |
| Windscreen Wash \* |  | In-cab height indicator |  |
| Windscreen Wipers \* |  | First Aid Kit (sealed) \* |  |
| Windscreen Clean \* |  | Fire Extinguisher(s) \* |  |
| Interior & Step Lights \* |  | Seat Belts \* |  |
| Side Lights \* |  | Tyres-Pressure/Wear/Age Visual Check \* |  |
| Dipped Beam \* |  | Vehicle Steering \* |  |
| Full Beam \* |  | Brakes \* |  |
| Number Plate Lights \* |  | Passenger Lift Working |  |
| Brake Lights \* |  | AdBlue if required\* |  |
| Fog Lights \* |  | Permit / O Licence \* |  |
| CONDITION OF YOUR VEHICLEIf there are any other defects or comments on the condition of your vehicle, please let us write it here:As the driver you are at all times legally responsible for the condition of the vehicle that you are driving. This responsibility cannot be passed on to the organisation that own or operate the vehicle. \* The vehicle should not be used if a defect affects the vehicle or passenger safety or those items that are a legal requirement |
| Driver Name: | Driver Signature: |

#### CONDITION OF YOUR VEHICLE

As the driver you are at all times legally responsible for the condition of the vehicle that you are driving. This responsibility cannot be passed on to the organisation that own or operate the vehicle.

The vehicle should not be used if a defect affects vehicle or passenger safety or those items that are a legal requirement. Brakes; Lights; Steering; Horn; Windscreen wipers & washers; Tyres; Mirrors; Windows; Fire Extinguisher; First Aid Kit.