Revision 12/2010

DAILY VEHICLE LOG

STATE OF LOUISIANA (AGENCY NAME GOES HERE)

	4/SafetyChecklist	DAILY	/ VEHICI	LE LOG	(AC	SENCY NAME GO	ES HER	E)											
Property T	ag Number			VIN					License Plate	Month	Year	Unit #							
PA HS	Make			Model		Model Year					<u> </u>								
N N							DO NOT INCLUDE INSURANCE COSTS												
	g Odometer:		Gallons		Maint. & Repair Cost	Other Costs (Detail	Down	Driver	Location where trip beg	gan, all points	visited, unless	did not leave state							
Date	Trip Ending Reading	Trip Mileage	of Fuel	Fuel Cost	(Detail on Reverse Side)	on Reverse Side)	Days	Initials	grounds; where trip en	ded & purpos	e of trip (meetin	g, site visit, etc.)							
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Final Read	ling		<u> </u>		<u> </u>														
		1																	
	Monthly Totals									OTAL EXPENSE FOR MONTH \$									
	E RECORD REFLECTS AN AC R'S INITIALS BY EACH ENTRY							SIG	NATURE OF ASSIGNE		F APPLICABLE; ssignment)							
	IGNING THE REPORT OR THE				AUTHORIZED SUPERVISOR														
	RTATION COORDINATOR WIT				TITLE														

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Visual checks & inspections to be done mths or 6000 miles (whichever is ea		у 6	Init	ials	Da	ate F	Perfor	med		Odon	neter				\	/endo	r			9	S Par	ts	\$ La	bor		\$ 7	otal	Cost		
Change engine oil and filter										1																				
Change automatic transmission fluid & fil	ter																													
Replace air filter									\top																					
Replace fuel filter																														
Inspection sticker																														
Rotate tires																														
Check fluid levels																														
Tune engine																														
Remove all wheels & inspect brakes																														
Check PCV valve and exhaust system																														
Check clutch pedal free-play																														
Replace wheel bearings																														
Clean battery posts & clamps									1			1										1								
Lubricate all fittings/latches/hinges																														
										Oth	er C	osts																		
Date Vendor			Odo	meter	r Rea	ding		S	ervic					epairs	(Car v	ar wash, tires, etc)			\$ F	Parts	\$	Labo	r	\$ Total Cost						
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						VE	HICL	ES/	AFE	TY IN	NSPI	ECTI	ON	CHE	CKL	IST														
Equipment					Ir					corre							dicat	e Fa	aulty	in th	е со	rres	ono	ling l	oox v	vith a	(x).			
Headlamps						\Box																								
Brake/Turn/Hazard/Parking/Backup Lights																														
Horn																														
Mirrors/Windows/Windshield																														
Windshield Wiper/Washer																														
Adequate Tire Inflation/Tread																														
Spare Tire & Jack						\Box																								
Fire Extinguisher						\Box																								
Inspection Sticker Current						\Box																								
Fuel Level (F,¾,½,¼,E)								\neg																						
Oil(Indicator in Safe Zone)								\neg																						
Heat/AC								\Box			\Box																			
Radio								\Box			\Box																			
Tool Kit Accounted For								\Box			\Box																			
All Tools Accounted For								\neg																						
Inspection Verification								\Box			\Box																			
Operator's Initials								\neg			\Box																П			
Date						\Box		一																			П			
Remarks for Faulty Items																							_		_		_			