DAILY VEHICLE LOG

Date: _____ Truck _____ Employee: _____

VEHICLE SAFETY CHECK:

- ❑ Headlights
- ❑ Brakes
- ❑ Brake Lights
- ❑ Tail Lights
- ❑ Turn Signal Lights
- ❑ Horn
- ❑ Cargo Securement Device
- ❑ Safety Triangles
- ❑ Emergency Flasher
- ❑ Wiper Fluid
- ❑ Engine Oil
- ❑ Tire Pressure

Comments: _____

Begin Mileage _____ End Mileage _____

SUPPLY CHECK:

- ❑ Infection Control Supplies
- ❑ First Aid Kit
- ❑ Fire Extinguisher (Date _____)
- ❑ Other _____
- ❑ Disinfected (Date _____)

ACTIVITY LOG

Last Name	Address/Phone#	Order#	Time In/Out	Comments