

DAILY AV LC200 INSPECTION REPORT


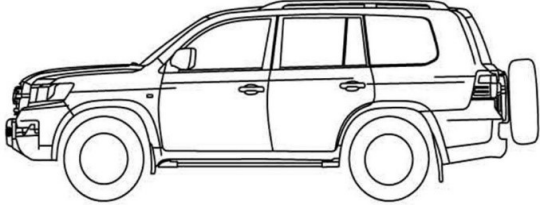
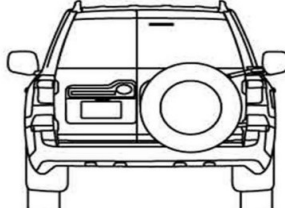
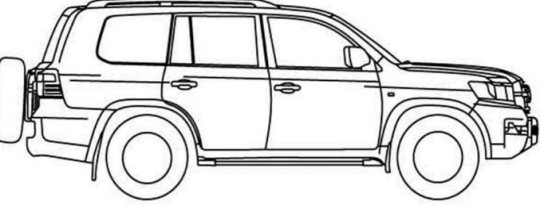
Note: The vehicle must be checked in the morning and in the evening and the driver must confirm this with his/her signature.

PLATE NUMBER
TAG NUMBER
LOCATION

INSPECTION	
DATE:	MORNING CHECK:
DRIVER NAME (PRINT)	EVENING CHECK:
	SIGNATURE
EQUIPMENT	VEHICLE - INTERIOR
<input type="checkbox"/> FIRST AID KIT <input type="checkbox"/> FIRE EXTINGUISHER <input type="checkbox"/> WARNING TRIANGLES <input type="checkbox"/> SPARE WHEEL AND TYRE <input type="checkbox"/> JACK AND HANDLE <input checked="" type="checkbox"/> SLEDGE HAMMER <input type="checkbox"/> WHEEL SPANNER	<input type="checkbox"/> REGISTRATION AND INSURANCE PAPERS <input type="checkbox"/> LOG BOOK <input type="checkbox"/> LIGHTS AND SIGNALS (functioning) <input type="checkbox"/> SEATS AND SEAT BELTS SECURITY <input checked="" type="checkbox"/> DEADBOLT (functioning) <input type="checkbox"/> RADIO - CODAN <input type="checkbox"/> RADIO - VHF
ENGINE	VEHICLE - OUTSIDE
<input type="checkbox"/> OIL LEVEL <input type="checkbox"/> COOLANT LEVEL <input type="checkbox"/> BRAKE FLUID LEVEL <input type="checkbox"/> POWER STEERING FLUID <input type="checkbox"/> WINDSHIELD WASHER FLUID <input type="checkbox"/> FAN BELTS AND FAN <input type="checkbox"/> BATTERY AND TERMINALS	<input type="checkbox"/> BODY PANEL CONDITION <input type="checkbox"/> INSURANCE STICKER <input checked="" type="checkbox"/> WINDSHIELD AND WINDOWS <input checked="" type="checkbox"/> CHECK RIMS OF CRACKS <input checked="" type="checkbox"/> TYRE CONDITION AND PRESSURE <input type="checkbox"/> WHEEL NUT TIGHTNESS <input type="checkbox"/> LABELLING (UNHCR Sticker)

KM
CURRENT KM MORNING:
CURRENT KM EVENING:

FUEL				
MAIN TANK	1/4	1/2	3/4	Full
SECONDARY	1/4	1/2	3/4	Full

 
 
<p>Damage to the vehicle body must be marked with an X on the picture</p>

DAMAGES AND OBSERVATIONS