



FM VEHICLE DAILY CHECK SHEET

FM VEHICLE # _____

Date of State Inspection: _____

DATE & TIME	DRIVER NAME	Vehicle is free & clear of trash	Visually Inspect Vehicle <i>walk all around vehicle</i>		Visually Check for Leaks		Check Instrument Panel <i>gauges & dash lights</i>		Check ALL Exterior Lights		Check Wipers/Windshield		Check/Use Seatbelts		Check Tires		Starting Mileage	Ending Mileage	Condition of Vehicles is Safe & Operable	SUPERVIS. INITIALS
		OK	OK	REP.	OK	REP.	OK	REP.	OK	REP.	OK	REP.	OK	REP.	OK	REP.			Yes/No	
SUPERVISOR SIGN OFF:	DATE:	Printed Name						SIGNATURE						NOTES						
	NOTES																			



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		OK	OK	REP.	OK	REP.	OK	REP.	OK	REP.	OK	REP.	OK	REP.	OK	REP.			Yes/No	
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FM TRAILER DAILY CHECK SHEET

FM TRAILER # _____

Date of State Inspection: _____

DATE & TIME	DRIVER NAME	Pin securing ball mount to receiver is intact		Hitch coupler is secured		Spring bar hinges & safety clips in place		Safety chains properly attached		Electrical wiring & plugs		Reflectors & required signs		All lights: Brake, signal, license plate		Tires wear, air pressure, lug nuts		Check visibility in vehicle mirrors		Know height, width, & weight limit for load		Condition of Trailer is Safe & Operable		Load secured & weight even		SUPER. INITIALS	
		OK	REP	OK	REP	OK	REP	OK	REP	OK	REP	OK	REP	OK	REP	OK	REP	OK	REP	OK	REP	OK	REP	OK	REP		
SUPERVISOR SIGN OFF: NOTES	DATE:	PRINTED NAME						SIGNATURE						NOTES													



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		OK	REP	OK	REP	OK	REP	OK	REP	OK	REP	OK	REP	OK	REP	OK	REP	OK	REP	OK	REP	OK	REP	OK	REP			
SUPERVISOR SIGN OFF: NOTES	DATE:	PRINTED NAME						SIGNATURE						NOTES														