

LIMO TOLEDO

DRIVER VEHICLE INSPECTION REPORT & RUN SHEET

CUSTOMER NAME: _____

DATE: _____

VEHICLE NAME: _____

UNIT#: _____

DRIVER SIGNATURE: _____

CHECK ANY DEFECTIVE ITEM AND GIVE DETAILS UNDER REMARKS

___ AIR COMPRESSOR	___ FRONT AXLE	___ OIL PRESSURE	___ SEATBELTS	___ WINDOWS
___ AIR LINES	___ FUEL TANKS	___ RADIATOR	___ SPRINGS	___ WINDSHIELD WIPERS
___ BATTERY	___ HEATER	___ REAR END	___ STAINS/BURNS	___ OTHER
___ BODY DAMAGE	___ HORN	___ REFLECTORS	___ STARTER	_____
___ BRAKES	___ LIGHTS-HEAD	___ RIP/TEARS	___ STEERING	_____
___ DASH LIGHTS	___ LIGHTS-TAIL	___ SAFETY-FIRST AID	___ TACHOGRAPH	_____
___ DEFROSTER	___ LIGHTS-TURN	___ SAFETY-FIRE EXT	___ TIRES	_____
___ DRIVELINE	___ MIRRORS	___ SAFETY-BULBS/FUSES	___ TRANSMISSION	_____
___ ENGINE	___ MUFFLER	___ SAFETY-TRIANGLES	___ WHEELS	_____

CHECK ANY SUPPLIES NEEDING STOCKED – RESTOCK UPON RETURN IF POSSIBLE

___ BROOM/DUST PAN	___ DISINFECTANT	___ ICE	___ NAPKINS	___ UMBRELLAS
___ BUSINESS CARDS	___ FEBREEZE	___ GLASSES-ROCK/WINE	___ PAPER TOWELS	___ VOMIT BAGS
___ CARPET/FLOOR CLEANER	___ FLASHLIGHT	___ LEGAL LOG	___ ROSE PETALS	___ WINDOW CLEANER
___ CHAMPAGNE	___ FURNITURE POLISH	___ LINT ROLLER	___ RUBBER GLOVES	___ WINE VAT
___ CUPS-PLASTIC	___ GARBAGE BAGS	___ MAT – RED	___ TISSUES	_____

OTHER SUPPLIES NOT LISTED _____

DRIVER START TIME: _____ START MILEAGE _____ FUEL GALLONS _____

DRIVER RETURN TIME: _____ RETURN MILEAGE _____ FUEL COST _____

(STAPLE FUEL RECEIPT HERE)

ADDITIONAL TIME TO BE BILLED AND WHY _____

Remarks: _____

___ Condition of the above vehicle is satisfactory

Driver's Signature _____

___ Above Defects Corrected

___ Above Defects Need NOT Be Corrected For Safe Operation of Vehicle

Mechanic's Signature _____ Date _____

Driver's Signature _____ Date _____

