

**Name :-** Test      **Company Name :-** DXB  
**Vehicle No :-** OPS 05(DA-183)      **Company Shift:-** Morning(8:00AM to 8:00PM)



**WITH ENGINE is OFF CHECK THE FOLLOWING**

|   |   | Select No For Damage/Others | Remark |
|---|---|-----------------------------|--------|
| 1 | Kilometer at start of shift             | 126780                      |        |
| 2 | ENGINE LIGHTS INDICATOR WARNING         | YES                         |        |
| 3 | EXTERIOR OF VEHICLE CLEAN               | YES                         | Yes    |
| 4 | INTERIOR OF VEHICLE CLEAN               | YES                         | Yes    |
| 5 | WINDSHIELD WIPERS                       | YES                         |        |
| 6 | SEAT BELT FUNCTIONS CORRECTLY           | YES                         |        |
| 7 | TIRE TREAD AND SIDEWALLS SHOW NO DAMAGE | YES                         |        |

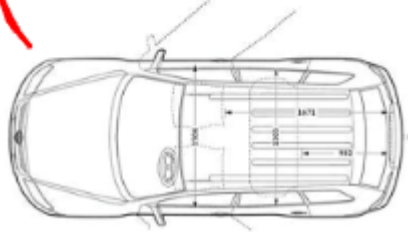
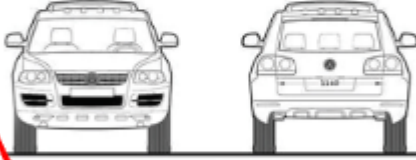
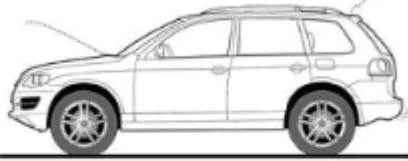


**TURN ON THE ENGINE CHECK THE FOLLOWING**

|    |   | Select No For Damage/Others | Remark |
|----|---|-----------------------------|--------|
| 1  | HEADLIGHTS FUNCTION ON BOTH HI AND LO BEAM        | YES                         |        |
| 2  | TURN SIGNALS FUNCTION (Left/Right)                | YES                         |        |
| 3  | BRAKE LIGHTS FUNCTION INCLUDING THIRD BRAKE LIGHT | YES                         |        |
| 4  | FLUID LEAKS DISCOVERED                            | YES                         |        |
| 5  | HORN SOUNDS                                       | YES                         |        |
| 6  | MIRRORS FUNCTION AND ARE CLEAN                    | YES                         |        |
| 7  | EMERGENCY LIGHTS AND SIREN WORK                   | YES                         |        |
| 8  | FLUID LIGHTS WORKING                              | YES                         |        |
| 9  | BEACON LIGHTS WORKING                             | YES                         |        |
| 10 | Vehicle Pass Valid                                | YES                         |        |
| 11 | Specify Vehicle Fuel                              | NO                          | Empty  |
| 12 | Vehicle Equipment                                 | YES                         |        |
| 13 | ANY NEW DAMAGE NOTED PRIOR TO USING THIS VEHICLE? | YES                         |        |

**Others**

|   |                              | Select No For Damage/Others | Remark |
|---|------------------------------|-----------------------------|--------|
| 1 | Specify the Tetra Number (1) | N/A                         |        |
| 2 | Specify the Tetra Number (2) | N/A                         |        |
| 3 | Specify the iPad number      | N/A                         |        |
| 4 | Specify the Tab Number       | N/A                         |        |



**User Remark:**