Name :- DXB **Company Name :-** DXB
Vehicle No :- GO TEAM 3(DA-184) **Company Shift:-** Morning(8:00AM to 8:00PM)

WITH ENGINE is OFF CHECK THE FOLLOWING

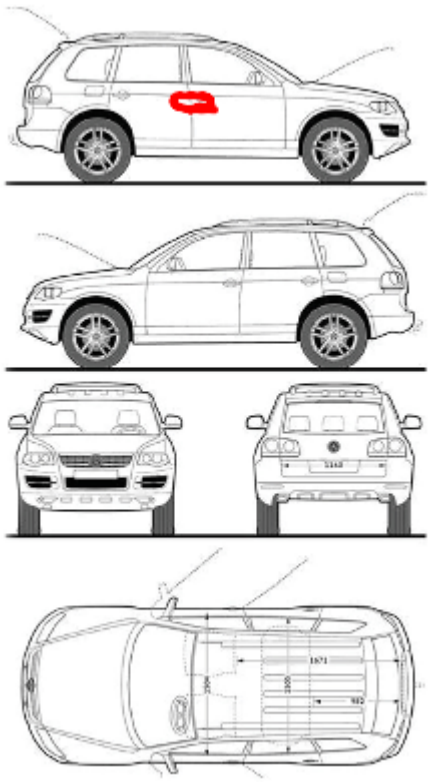
		Select No For Damage/Others	Remark
1	Kilometer at start of shift	23456	
2	ENGINE LIGHTS INDICATOR WARNING	YES	
3	EXTERIOR OF VEHICLE CLEAN	YES	
4	INTERIOR OF VEHICLE CLEAN	YES	
5	WINDSHIELD WIPERS	YES	
6	SEAT BELT FUNCTIONS CORRECTLY	YES	
7	TIRE TREAD AND SIDEWALLS SHOW NO DAMAGE	YES	

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	YES	
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: