

**Name :-** DXB  
**Vehicle No :-** GO TEAM 1(DA-109)

**Company Name :-** DXB  
**Company Shift:-** Morning(08:00 to 08:00)



**WITH ENGINE is OFF CHECK THE FOLLOWING**

		Select No For Damage/Others	Remark
1	Kilometer at start of shift	10000	
2	Kilometer at end of shift	10050	
3	ENGINE LIGHTS INDICATOR WARNING	NO	
4	EXTERIOR OF VEHICLE CLEAN	YES	
5	INTERIOR OF VEHICLE CLEAN	YES	
6	WINDSHIELD WIPERS	YES	
7	SEAT BELT FUNCTIONS CORRECTLY	YES	
8	TIRE TREAD AND SIDEWALLS SHOW NO DAMAGE	YES	

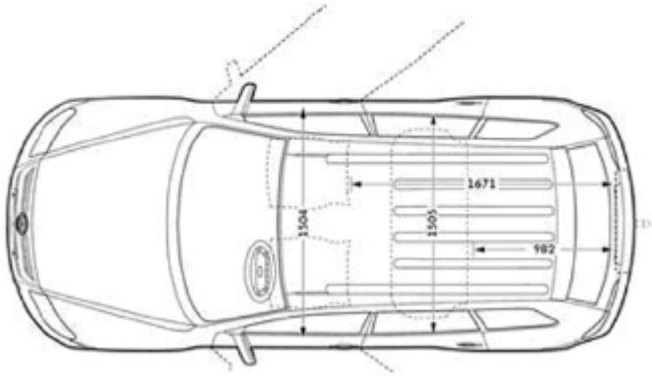
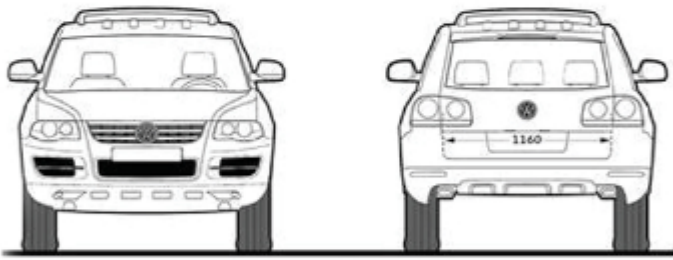
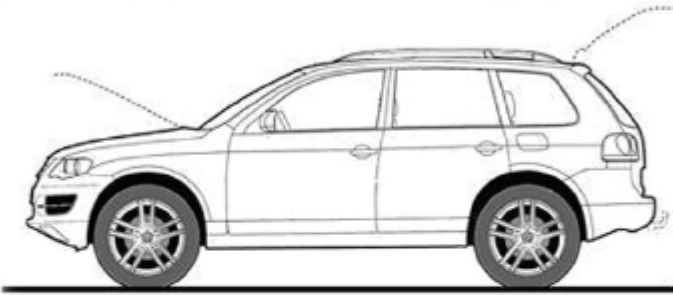
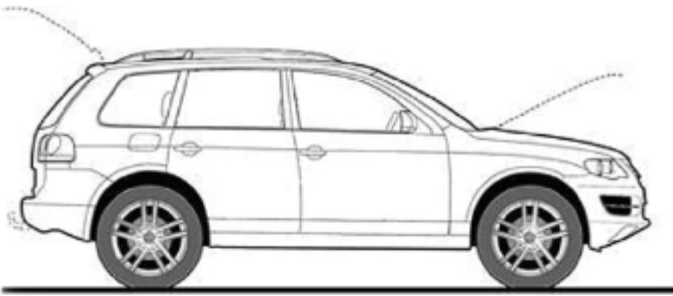


**TURN ON THE ENGINE CHECK THE FOLLOWING**

		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)	3089	
2	Specify the Tetra Number (2)	1462	
3	Specify the iPad number	10	
4	Specify the Tab Number	5	



**User Remark:**

verified successfully.