

PALMADEQU CORP.
DRIVER'S VEHICLE INSPECTION REPORT

Office Location: VENTURA

Odometer: _____

Date 04/17/2025


	YES	NO	N/A
Mirrors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Windows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tires, Wheels and Lugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fuel Tank and Caps	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bumper intact	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oil Level	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radiator/Coolant level	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Windshield Washer Level	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Battery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hoses and Belts intact	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oil Pressure	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flashers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fuel Guage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Windshield Wipers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heather/ Defroster	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steering Wheel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parking/emergency Brake	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO	N/A
Headlights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Turn Signals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flashers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tail Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brake Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Supplies:			
Nylon Cargo Tie-Downs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Extinguisher	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Triangle Reflectors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Aide Kit	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eye Wash Bottle	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gloves and alcohol gel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Driver's Name: BECERRA, JESSE

Condition of above vehicle is satisfactory: Yes ☒ No ☐

Above noted defects corrected - Date _____



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Supervisor's Signature

04/17/2025

DATE



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Driver's Signature

04/17/2025

DATE