

PALMADEQ CORP.  
DRIVER'S VEHICLE INSPECTION REPORT

Office Location: COVINA

Odometer:

Date 05/07/2025

|                         | 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: SORIANO, ALEX

Condition of above vehicle is satisfactory: Yes ☒ No ☐

Above noted defects corrected - Date

 ×  
Supervisor's Signature

05/07/2025  
DATE

 ×  
Driver's Signature

05/07/2025  
DATE