COSMRAMA INC.

1481 S. King St. #201
Honolulu HI 96814
Tel: 808-921-2070 Fax: 808-748-0546 PUC 1803-C

DRIVER'S VEHICLE INSPECTION REPORT

Completion of this report required by Federal Law 49CRF 396.11 & 396. 13

Location_____ Date _____

Vehicle# _____ Reporting Driver' Name _____

Mileage out _____ Mileage in _____

Check	**Explain any Defects**
	Engine: Oil Level_____ Belts_____ Hoses _____ Oil Leaks _____ Gauge_____
	Transmission Condition: Fluid Level _____ Fluid Leaks _____
	Steering Mechanism:
	Horn:
	Windshield Wipers/Washers:
	Rear Vision Mirror:
	Lighting Devices and Reflectors:
	Parking Breaks:
	Service Breaks:
	Tires Tread Condition:
	Wheels and Rims General Condition:
	Emergency Equip: Triangles____ Fire Extinguisher ____ Fuses _____ 1st Aid Kit_____
	Battery: Condition _____ Water Lever _____ Terminal condition _____
	Exhaust: Condition _____
Others:	
REMARKS:	

Vehicle condition OK
(**This must be checked if there are no defects**)

_____
Reporting Driver Signature & Date

_____
Reviewing Driver Signature & Date

POST TRIP INSPECTION ☐

MAINTENANCE ACTION Date:_____

Repairs Made ☐ No Repairs Needed ☐

Certified By_____

Location:_____