ASAP
Express & Logistics

DAILY MAINTENANCE REPORT

DATE	UNIT NO.	DRIVER'S NAME

IN COMPLIANCE WITH D.O.T. REGULATIONS CONCERNING THE INSPECTION, MAINTENANCE AND CARE OF EQUIPMENT, I HAVE FOUND THE FOLLWING ITEMS THAT NEED LOOKED AT/REPAIRED. PLEASE INDICATE THESE ITEMS DURING YOUR WALK AROUND INSPECTION. MUST BE DONE BEFORE YOU START YOUR SHIFT EACH DAY.

DRIVER'S SIGNATURE _____ DATE _____

Form D-5 11/20/02 Rev#2