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| 車両日常点検表 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 点検項目 | | | | | | | | | 曜日 |  | |  | | |  | |  | |  | | |  |  | |  | |  | |  | |  | |
| エンジンルーム点検 | ウインド・ウォッシャ液の量 | | | | | | | |  |  | |  | | |  | |  | |  | | |  |  | |  | |  | |  | |  | |
| ブレーキ液の量 | | | | | | | |  |  | |  | | |  | |  | |  | | |  |  | |  | |  | |  | |  | |
| バッテリー液の量 | | | | | | | |  |  | |  | | |  | |  | |  | | |  |  | |  | |  | |  | |  | |
| 冷却水の量 | | | | | | | |  |  | |  | | |  | |  | |  | | |  |  | |  | |  | |  | |  | |
| エンジンオイルの量 | | | | | | | |  |  | |  | | |  | |  | |  | | |  |  | |  | |  | |  | |  | |
| 車まわり点検 | タイヤの空気圧（スペアタイヤ含む） | | | | | | | |  |  | |  | | |  | |  | |  | | |  |  | |  | |  | |  | |  | |
| タイヤの亀裂・損傷 | | | | | | | |  |  | |  | | |  | |  | |  | | |  |  | |  | |  | |  | |  | |
| 異常な摩擦 | | | | | | | |  |  | |  | | |  | |  | |  | | |  |  | |  | |  | |  | |  | |
| タイヤの溝の深さ | | | | | | | |  |  | |  | | |  | |  | |  | | |  |  | |  | |  | |  | |  | |
| ランプの点灯・点滅 | | | | | | | |  |  | |  | | |  | |  | |  | | |  |  | |  | |  | |  | |  | |
| レンズの汚れ、損傷 | | | | | | | |  |  | |  | | |  | |  | |  | | |  |  | |  | |  | |  | |  | |
| 運転席に座り点検 | ブレーキペダルの踏みしろ | | | | | | | |  |  | |  | | |  | |  | |  | | |  |  | |  | |  | |  | |  | |
| ブレーキのきき | | | | | | | |  |  | |  | | |  | |  | |  | | |  |  | |  | |  | |  | |  | |
| パーキング・ブレーキ・レバーの引きしろ | | | | | | | |  |  | |  | | |  | |  | |  | | |  |  | |  | |  | |  | |  | |
| ウインド・ウォッシャの噴射状態 | | | | | | | |  |  | |  | | |  | |  | |  | | |  |  | |  | |  | |  | |  | |
| ワイパの拭き取り状態 | | | | | | | |  |  | |  | | |  | |  | |  | | |  |  | |  | |  | |  | |  | |
| エンジンのかかり具合 | | | | | | | |  |  | |  | | |  | |  | |  | | |  |  | |  | |  | |  | |  | |
| エンジンからの異音がない | | | | | | | |  |  | |  | | |  | |  | |  | | |  |  | |  | |  | |  | |  | |
| エンジンの低速および加速の状態 | | | | | | | |  |  | |  | | |  | |  | |  | | |  |  | |  | |  | |  | |  | |
| その他 | 運行中に異常が認められた日 | | | | | | | |  |  | |  | | |  | |  | |  | | |  |  | |  | |  | |  | |  | |
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| （総務使用欄） | | | |  |  |  |  |  |  |  |  | |  |  | |  | |  | | |  | | |  | | | |  | |  | |  |
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