

Driver's Vehicle Inspection Report

AS REQUIRED BY THE D.O.T. FEDERAL MOTOR CARRIER SAFETY REGULATIONS

CARRIER: _____

ADDRESS: _____

DATE: _____ TIME: _____ A.M. _____ P.M.

Check any Defective Item and Give Details Under "Remarks"

TRACTOR/TRUCK #: _____ ODOMETER READING: _____

- | | | |
|---|--|--|
| <input type="checkbox"/> Air Compressor | <input type="checkbox"/> Horn | <input type="checkbox"/> Starter |
| <input type="checkbox"/> Air Lines | <input type="checkbox"/> Lights | <input type="checkbox"/> Steering |
| <input type="checkbox"/> Battery | Head - Stop | <input type="checkbox"/> Tachograph |
| <input type="checkbox"/> Body | Tail - Dash | <input type="checkbox"/> Tires |
| <input type="checkbox"/> Brake Accessories | Turn Indicators | <input type="checkbox"/> Tire Chains |
| <input type="checkbox"/> Brakes, Parking | <input type="checkbox"/> Mirrors | <input type="checkbox"/> Transmission |
| <input type="checkbox"/> Brakes, Service | <input type="checkbox"/> Muffler | <input type="checkbox"/> Wheels and Rims |
| <input type="checkbox"/> Clutch | <input type="checkbox"/> Oil Pressure | <input type="checkbox"/> Windows |
| <input type="checkbox"/> Coupling Devices | <input type="checkbox"/> Radiator | <input type="checkbox"/> Windshield Wipers |
| <input type="checkbox"/> Defroster/Heater | <input type="checkbox"/> Rear End | <input type="checkbox"/> Other |
| <input type="checkbox"/> Drive Line | <input type="checkbox"/> Reflectors | |
| <input type="checkbox"/> Engine | <input type="checkbox"/> Safety Equipment | |
| <input type="checkbox"/> Exhaust | Fire Extinguisher | |
| <input type="checkbox"/> Fifth Wheel | Reflective Triangles | |
| <input type="checkbox"/> Frame and Assembly | Flags - Flares - Fuses | |
| <input type="checkbox"/> Front Axle | Spare Bulbs and Fuses | |
| <input type="checkbox"/> Fuel Tanks | Spare Seal Beam | |
| <input type="checkbox"/> Generator | <input type="checkbox"/> Suspension System | |

TRAILER(S) #'S _____

- | | | |
|--|--|--|
| <input type="checkbox"/> Brake Connections | <input type="checkbox"/> Hitch | <input type="checkbox"/> Tarpaulin |
| <input type="checkbox"/> Brakes | <input type="checkbox"/> Landing Gear | <input type="checkbox"/> Tires |
| <input type="checkbox"/> Coupling Devices | <input type="checkbox"/> Lights - All | <input type="checkbox"/> Wheels and Rims |
| <input type="checkbox"/> Coupling (King) Pin | <input type="checkbox"/> Roof | <input type="checkbox"/> Other |
| <input type="checkbox"/> Doors | <input type="checkbox"/> Suspension System | |

Remarks: _____

CONDITION OF THE ABOVE VEHICLE IS SATISFACTORY

Driver's Signature: _____

ABOVE DEFECTS CORRECTED

ABOVE DEFECTS NEED NOT BE CORRECTED FOR SAFE OPERATION OF VEHICLE

DRIVER'S SIGNATURE	DATE	MECHANIC'S SIGNATURE	DATE