DRIVER'S VEHICLE INSPECTION REPORT

AS REQUIRED BY THE D.O.T. FEDERAL MOTOR CARRIER SAFETY REGULATIONS, I SUBMIT THE FOLLOWING:

DATE: _____ **TRACTOR/TRUCK NO.:** _____ **TRAILER(S) NO.(S):** _____

CHECK APPROPRIATE BOX

☐ I detect no defect or deficiency in this motor vehicle as would be likely to affect the safety of its operation or result in its mechanical breakdown.

☐ I detect the following defects or deficiencies in this motor vehicle as would be likely to affect the safety of its operation or result in its mechanical breakdown.

Indicate whether defects are on **TRACTOR/TRUCK** or **TRAILER** - Use sufficient detail to locate for mechanic.

_____

_____

_____

_____

_____

_____

_____

_____

DRIVER'S SIGNATURE: _____

☐ Above defects corrected ☐ Above defects need not be corrected for safe operation of vehicle

MECHANIC'S SIGNATURE: _____

DRIVER'S SIGNATURE: _____

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SAMPLE

BOUND EDGE