

# DRIVER'S VEHICLE INSPECTION REPORT

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

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.  
CHECK ANY DEFECTIVE ITEM AND GIVE DETAILS UNDER "REMARKS"

## TRACTOR/ TRUCK NO. \_\_\_\_\_

## ODOMETER READING \_\_\_\_\_

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

## TRAILER(S) NO.(S) \_\_\_\_\_

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

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

MECHANIC'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

DRIVER'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_