

# 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 type="checkbox"/> Horn            | <input type="checkbox"/> Flags - Flares - Fuses |
| <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 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 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**

DRIVERS SIGNATURE: \_\_\_\_\_

ABOVE DEFECTS CORRECTED

ABOVE DEFECTS NEED NOT BE CORRECTED FOR SAFE OPERATION OF VEHICLE

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

DRIVERS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_