

DRIVER'S VEHICLE INSPECTION REPORT

Vehicle/Load (MB Reg. 95/2008) _____ Height _____ Width _____

Company Name _____

& Address: _____

____ Pre-trip Time of Inspection: _____ AM/PM Odometer Reading (if equipped): _____ Location of _____

____ Post-trip Date: _____ Inspection: _____

Tractor/Truck Lic. No. _____ Jurisdiction: _____ Trailer(s) Lic. No. 1: _____ Jur.: _____ Lic. No. 2: _____ Jur.: _____

I declare that the vehicle(s) shown above has (have) been inspected in accordance with the applicable requirements of Schedule 1 and/or jurisdiction legislation.

No Defects Found

Inspector / Driver's Name Print _____

Inspector / Driver's Signature _____

Driver's Signature (if different from Inspector) _____

Driver (D) use an X if item is not satisfactory and indicate defect code(s). Schedule 1 Code Example: 21b = Tire Leaking 21b X Tires Repairer (R) use ✓ when corrected and your initials.

BOUND EDGE

Tractor/Truck					Tractor/Truck					Trailer #			
Code(s)	D	R	NSC #	Inspection Item	Code(s)	D	R	NSC #	Inspection Item	D	R	D	R
			13	General				1	Air Brake System				
			2	Cab				21	Tires				
			6	Driver Controls				22	Wheels, Hubs, Fasteners				
			15	Heater/Defroster				20	Suspension System				
			16	Horn				4	Coupling Devices				
			19	Steering				18	Lamps/Reflectors				
			7	Driver Seat				5	Dangerous Goods				
			14	Glass and Mirrors				10	Exhaust System				
			23	Windshield Wiper/Washer				11	Frame and Cargo Body				
			9	Emergency Equipment and Safety Devices				3	Cargo Securement				
			12	Fuel Systems				17	Hydraulic Brakes				
								8	Electric Brakes				

Minor/Major Defects Not Coded Above: _____

Defects En Route: _____

Above defects corrected

Above defects need not be corrected for safe operation of vehicle

Authorized Repairer's Signature _____

Date _____

Driver's Signature _____

(FMCSR 396.13)

Date _____