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DRIVER'S VEHICLE INSPECTION REPORT

As required by the D.O.T. Federal Motor Carrier Safety Regulations, I submit the following:

Carrier's	Name:		
	Address:		
	Tractor/Truck No.:	Trailer(s) No.(s):	
APPROPRIATE CHECK	I detect no defect or deficiency ir safety of its operation or result ir	n this motor vehicle as would be likely to affe its mechanical breakdown.	ect the
I detect the following defects or deficiencies in this motor vehicle as would likely to affect the safety of its operation or result in its mechanical breakdown.			
Indica	te whether defects are on TRACTOR/TRUCK	or TRAILER – Use sufficient detail to locate for mech	anic.
		Driver's Signature:	
	defects corrected defects need not be corrected for safe operation of	vehicle	
	Mechanic's Signature:	Date:	
Driver R	eviewing Repairs: Signature:	Date:	

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ORIGINAL

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