

DRIVER'S VEHICLE INSPECTION REPORT – TANKER

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

Ply 1 - Original
Ply 2 - Copy

CARRIER: _____ LOCATION: _____

DRIVER: _____ DATE OF POST-TRIP: _____ ODOMETER READING: _____

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

CHECK ANY DEFECTIVE ITEM AND GIVE DETAILS UNDER "REMARKS"

Prt = Pre-Trip, Pot = Post-Trip, RR = Requires Repair

TRUCK/TRACTOR			TRAILER		
Prt Pot RR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Air Compressor <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Air Lines <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Battery <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Belts and Hoses <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Body <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Brake Accessories <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Brakes, Parking <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Brakes, Service <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Clutch <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Coupling Devices <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Defroster/Heater <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Drive Line <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Engine <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Exhaust <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Fifth Wheel <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Fluid Levels <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Frame and Assembly	Prt Pot RR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Front Axle <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Fuel Tanks <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Generator <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Horn <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Lights <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Head - Stop <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Tail - Dash <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Turn Indicators <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Mirrors <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Muffler <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Oil Level <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Radiator Level <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Rear End <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Reflectors/Reflective Tape	Prt Pot RR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Safety Equipment <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Fire Extinguisher <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Flags - Flares - Fusees <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Reflective Triangles <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Spare Bulbs and Fuses <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Spare Seal Beam <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Starter <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Steering <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Suspension System <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Tire Chains <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Tires <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Transmission <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Trip Recorder <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Wheels and Rims <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Windows <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Windshield Wipers <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other	Prt Pot RR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Brake Connections <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Brakes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Coupling Devices <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Coupling (King) Pin <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Doors <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Hitch <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Landing Gear <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Lights - All <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Reflectors/Reflective Tape <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Roof <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Straps <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Suspension System <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Tarpaulin <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Tires <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Wheels and Rims <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other		

REMARKS: _____

CONDITION OF THE ABOVE VEHICLE IS SATISFACTORY
 ABOVE DEFECTS CORRECTED
 ABOVE DEFECTS NEED NOT BE CORRECTED FOR SAFE OPERATION OF VEHICLE

MECHANIC'S SIGNATURE: _____ DATE: _____

DRIVER'S SIGNATURE UPON COMPLETION OF POST-TRIP

DRIVER'S SIGNATURE: _____ DATE: _____

MARK CLEARLY ALL DAMAGE OR DEFICIENCIES FOUND BY USING THE FOLLOWING SYMBOL(S):

C = CUT B = BRUISE H = HOLE D = DENT BR = BROKEN M = MISSING S = SCRATCH P = PATCHED

