DRIVER'S VEHICLE INSPECTION REPORT
AS REQUIRED BY THE D.O.T. FEDERAL MOTOR CARRIER SAFETY REGULATIONS

CARRIER: ____________________________________________
ADDRESS: __________________________________________
DATE: _______________________________________________
TIME: _______________________________________________
A.M. __________ P.M. __________
CHECK ANY DEFECTIVE ITEM AND GIVE DETAILS UNDER "REMARKS"

TRACTOR/ TRUCK NO. ______________________ ODOMETER READING ____________

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

TRAILER(S) NO.(S) __________________________

☐ Brake Connections
☐ Brakes
☐ Coupling Devices
☐ Coupling (King) Pin
☐ Doors
☐ Hitch
☐ Landing Gear
☐ Lights - All
☐ Reflectors/Reflective Tape
☐ Roof
☐ Suspension System
☐ Tarpaulin
☐ Tires
☐ Wheels and Rims
☐ 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: ____________

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