

DRIVER'S VEHICLE INSPECTION REPORT

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

CARRIER: _____

LOCATION: _____

DATE: _____ TIME: _____ A.M. _____ P.M.

TRACTOR/
TRUCK NO.: _____ ODOMETER BEGIN: _____
READING END: _____

CHECK ANY DEFECTIVE ITEM AND GIVE DETAILS UNDER "REMARKS"

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

TRAILER(S) NO.(S): 1 _____ 2 _____

<table border="0"> <tr> <td style="width: 10%;">Prt</td> <td style="width: 10%;">Pot</td> <td style="width: 10%;">RR</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Brake Connections</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Brakes</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Coupling Devices</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Coupling (King) Pin</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Doors</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Hitch</td> </tr> </table>	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	<table border="0"> <tr> <td style="width: 10%;">Prt</td> <td style="width: 10%;">Pot</td> <td style="width: 10%;">RR</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Landing Gear</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Lights - All</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Reflectors/Reflective</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Tape</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Roof</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Suspension System</td> </tr> </table>	Prt	Pot	RR		<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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tape	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Suspension System	<table border="0"> <tr> <td style="width: 10%;">Prt</td> <td style="width: 10%;">Pot</td> <td style="width: 10%;">RR</td> <td></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Straps</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Tarpaulin</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Tires</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Wheels and Rims</td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Other</td> </tr> </table>	Prt	Pot	RR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Straps	<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
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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: _____