DRIVER'S VEHICLE INSPECTION REPORT

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

Carrier's Name: _____

Carrier's Address: _____

Date: _____ **Tractor/Truck No.:** _____ **Trailer(s) No.(s):** _____

CHECK APPROPRIATE BOX

☐ **I detect no defect or deficiency in this motor vehicle as would be likely to affect the safety of its operation or result in its mechanical breakdown.**

☐ **I detect the following defects or deficiencies in this motor vehicle as would be likely to affect the safety of its operation or result in its mechanical breakdown.**

Indicate whether defects are on TRACTOR/TRUCK or TRAILER – Use sufficient detail to locate for mechanic.

_____

_____

_____

_____

_____

_____

Driver's Signature: _____

☐ Above defects corrected

☐ Above defects need not be corrected for safe operation of vehicle

Mechanic's Signature: _____ **Date:** _____

Driver Reviewing Repairs: Signature: _____ **Date:** _____

130-FS-E3

Rev. 7/94

ORIGINAL

SAMPLE

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