

DRIVER'S VEHICLE INSPECTION REPORT

Completion of this report required by Federal Law 49 CFR 396.11 & 396.13

Location _____ Date _____

Truck/Tractor _____ Trailer #1 _____

Dolly _____ Trailer #2 _____

Odometer Mileage _____

Check <input checked="" type="checkbox"/>	Explain any Defects
<input type="checkbox"/>	Engine
<input type="checkbox"/>	Transmission
<input type="checkbox"/>	Clutch
<input type="checkbox"/>	Steering Mechanism
<input type="checkbox"/>	Horn
<input type="checkbox"/>	Windshield Wipers/Washers
<input type="checkbox"/>	Rear Vision Mirrors
<input type="checkbox"/>	Lighting Devices and Reflectors
<input type="checkbox"/>	Parking Brake
<input type="checkbox"/>	Service Brakes
<input type="checkbox"/>	Air Lines/Light Lines
<input type="checkbox"/>	Coupling Devices
<input type="checkbox"/>	Tires
<input type="checkbox"/>	Wheels and Rims
<input type="checkbox"/>	Emergency Equipment
<input type="checkbox"/>	Other

Vehicle condition OK
(This must be checked if
there are no defects)

Reporting Driver's Signature

Defects do not need to
be corrected for safe
operation

Defects Corrected

Certified by: _____

Mechanic's Signature

Reviewing Driver's Signature