

DRIVER'S CONCRETE VEHICLE INSPECTION REPORT

As required by the D.O.T. Federal Motor Carrier Safety Regulations 49 CFR §396.11 & §396.13

Company _____ Date _____

Location _____ Vehicle No. _____

ODOMETER READINGS

HOUR READINGS

Mileage Ending _____ Total Miles Today _____ Ending _____ Total Hours Today _____

Mileage Begin _____ Begin _____

Driver: check (✓) item that needs repair. Mechanic: check (✓) when repaired.

Prt = Pre-Trip, **Pot** = Post-Trip, **Rep** = Repaired

POWER UNIT

GENERAL CONDITION

- Cab/Doors/Windows
- Body/Doors
- Oil Leak _____
- Grease Leak _____
- Coolant Leak _____
- Fuel Leak _____
- Other _____

(IDENTIFY)

INTERIOR CAB

- Gauges/Warning Indicators
- Windshield Wiper(s)/Washer(s)
- Horn(s)
- Heater/Defroster
- Mirrors
- Steering
- Clutch
- Service Brakes
- Parking Brakes
- Emergency Brakes
- Triangles/Flares
- Fire Extinguisher
- Other Safety Equipment
- Spare Fuses
- Seat Belts

EXTERIOR

- Lights
- Reflectors
- Suspension
- Tires
- Wheels/Rims/Lugs
- Battery
- Exhaust
- Brakes
- Air Lines
- Light Line
- Fifth Wheel
- Other Coupling
- Tie-Downs
- Rear-End Protection
- Other _____

(IDENTIFY)

Defects: None Mechanic Repaired

MIXER UNIT(S)

- All Chutes Secure
 - Latches
 - Safety Hooks
- Hydraulic System
 - Hoses, Motor, Pumps
 - Tank, Cooler
- Water System
 - Hoses, Line, Tanks
 - Valves and Drum

- Check for Leaks
 - Air
 - Hydraulic
 - Oil
- Hopper
- Control Cables
- Ladders
- Water Tank Glass Clean

- Hold Downs
- Chain Adjusted, Oiled
- Control Levers
- Counter Working
- Roller & Drum
- Other _____

(IDENTIFY)

Defects: None Mechanic Repaired

WINTER MONTHS (POST-TRIP ONLY WHEN APPLICABLE)

- Drain Water Tanks (Open Water & Drain Valves)
- Mixer Controls in Neutral

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 _____