

# DRIVER'S VEHICLE INSPECTION REPORT

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

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.

CHECK ANY DEFECTIVE ITEM AND GIVE DETAILS UNDER "REMARKS"

**TRACTOR/  
TRUCK NO.** \_\_\_\_\_

**ODOMETER READING** \_\_\_\_\_

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

**TRAILER(S) NO.(S)** \_\_\_\_\_

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Brake Connections   | <input type="checkbox"/> Hitch                      | <input type="checkbox"/> Suspension System |
| <input type="checkbox"/> Brakes              | <input type="checkbox"/> Landing Gear               | <input type="checkbox"/> Tarpaulin         |
| <input type="checkbox"/> Coupling Devices    | <input type="checkbox"/> Lights - All               | <input type="checkbox"/> Tires             |
| <input type="checkbox"/> Coupling (King) Pin | <input type="checkbox"/> Reflectors/Reflective Tape | <input type="checkbox"/> Wheels and Rims   |
| <input type="checkbox"/> Doors               | <input type="checkbox"/> Roof                       | <input type="checkbox"/> 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: \_\_\_\_\_