

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): _____

APPROPRIATE
BOX
CHECK

- 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: _____