

# 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       | <input type="checkbox"/> Fire Extinguisher     |
| <input type="checkbox"/> Battery            | <input type="checkbox"/> Horn             | <input type="checkbox"/> Flags/Flares/Fusees   |
| <input type="checkbox"/> Belts and Hoses    | <input type="checkbox"/> Lights           | <input type="checkbox"/> Reflective Triangles  |
| <input type="checkbox"/> Body               | <input type="checkbox"/> Head/Stop        | <input type="checkbox"/> Spare Bulbs and Fuses |
| <input type="checkbox"/> Brake Accessories  | <input type="checkbox"/> Tail/Dash        | <input type="checkbox"/> Spare Seal Beam       |
| <input type="checkbox"/> Brakes, Parking    | <input type="checkbox"/> Turn Indicators  | <input type="checkbox"/> Starter               |
| <input type="checkbox"/> Brakes, Service    | <input type="checkbox"/> 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 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: \_\_\_\_\_

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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: \_\_\_\_\_