

DRIVER'S INSPECTION REPORT

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White - Maintenance
Canary - Driver Review

COMPLETION OF THIS REPORT REQUIRED BY FEDERAL LAW, 49 CFR 396.11 & 396.13.

Truck or Tractor No. _____ Mileage (No Tenths) _____ Trailer No. _____

Dolly No. _____ Trailer No. _____ Location _____
ATA/VMRS System Code Numbers for Shop Use Only CHECK DEFECTS ONLY. Explain under REMARKS.

POWER UNIT

GENERAL CONDITION

- 02 Cab/Doors/Windows
- 02 Body/Doors
- ___ Oil Leak _____
- ___ Grease Leak _____
- 42 Coolant Leak
- 44 Fuel Leak
- ___ Other _____

(IDENTIFY)

IN-CAB

- 03 Gauges/Warning Indicators
- 02 Windshield Wipers/Washers
- 54 Horns
- 01 Heater/Defroster
- 02 Mirrors
- 15 Steering
- 23 Clutch
- 13 Service Brakes
- 13 Parking Brake
- 13 Emergency Brakes
- 53 Triangles
- 53 Fire Extinguisher
- 53 Other Safety Equipment
- 34 Spare Fuses
- 02 Seat Belts
- ___ Other _____

(IDENTIFY)

EXTERIOR

- 34 Lights
- 34 Reflectors
- 16 Suspension
- 17 Tires
- 18 Wheels/Rims/Lugs
- 32 Battery
- 43 Exhaust
- 13 Brakes
- 13 Air Lines
- 34 Light Line
- 49 Fifth-Wheel
- 49 Other Coupling
- 71 Tie-Downs
- 14 Rear-End Protection
- ___ Other _____

(IDENTIFY)

NO DEFECTS

ENGINE COMPARTMENT

- 45 Oil Level
- 42 Coolant Level
- ___ Belts _____
- ___ Other _____

(IDENTIFY)

TOWED UNIT(S)

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> 71 Body/Doors | <input type="checkbox"/> 16 Suspension | <input type="checkbox"/> 77 Landing Gear | <input type="checkbox"/> 79 Rear-End Protection |
| <input type="checkbox"/> 71 Tie-Downs | <input type="checkbox"/> 17 Tires | <input type="checkbox"/> 59 King Pin/Upper Plate | <input type="checkbox"/> ___ Other _____ |
| <input type="checkbox"/> 34 Lights | <input type="checkbox"/> 18 Wheels/Rims/Lugs | <input type="checkbox"/> 59 Fifth-Wheel (Dolly) | |
| <input type="checkbox"/> 34 Reflectors | <input type="checkbox"/> 13 Brakes | <input type="checkbox"/> 59 Other Coupling Devices | |

(IDENTIFY)

NO DEFECTS

REMARKS: _____

REPORTING DRIVER: Date _____
 Name _____ Emp. No. _____

MAINTENANCE ACTION: Date _____
 Repairs Made No Repairs Needed

REVIEWING DRIVER: Date _____
 Name _____ Emp. No. _____

R.O.#'S: _____
 Certified By: _____
 Location: _____

SHOP REMARKS: _____
