

DRIVER'S VEHICLE INSPECTION REPORT

Company Name _____

& Address: _____

Vehicle/Load (MB Reg. 95/2008) _____ Height _____ Width _____

____ Pre-trip Time of Inspection: _____ AM/PM Odometer Reading (if equipped): _____ Location of _____

____ Post-trip Date: _____ Inspection: _____

Tractor/Truck Lic. No. _____ Jurisdiction: _____ Trailer(s) Lic. No. 1: _____ Jur.: _____ Lic. No. 2: _____ Jur.: _____

I declare that the vehicle(s) shown above has (have) been inspected in accordance with the applicable requirements of Schedule 1 and/or jurisdiction legislation.

No Defects Found

Inspector / Driver's Name Print _____

Inspector / Driver's Signature _____

Driver's Signature (if different from Inspector) _____

Driver (D) use an X if item is not satisfactory and indicate defect code(s). Schedule 1 Code Example: 21b = Tire Leaking 21b X Tires Repairer (R) use ✓ when corrected and your initials.

Tractor/Truck				
Code(s)	D	R	NSC #	Inspection Item
			13	General
			2	Cab
			6	Driver Controls
			15	Heater/Defroster
			16	Horn
			19	Steering
			7	Driver Seat
			14	Glass and Mirrors
			23	Windshield Wiper/Washer
			9	Emergency Equipment and Safety Devices
			12	Fuel Systems

Tractor/Truck					Trailer #			
Code(s)	D	R	NSC #	Inspection Item	D	R	D	R
			1	Air Brake System				
			21	Tires				
			22	Wheels, Hubs, Fasteners				
			20	Suspension System				
			4	Coupling Devices				
			18	Lamps/Reflectors				
			5	Dangerous Goods				
			10	Exhaust System				
			11	Frame and Cargo Body				
			3	Cargo Securement				
			17	Hydraulic Brakes				
			8	Electric Brakes				

Minor/Major Defects Not Coded Above: _____

Defects En Route: _____

Above defects corrected

Above defects need not be corrected for safe operation of vehicle

Authorized Repairer's Signature _____

Date _____

Driver's Signature _____

(FMCSR 396.13) Date _____