

DRIVER'S VEHICLE INSPECTION REPORT - STEP VAN

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

DATE: _____

CARRIER'S NAME: _____

ADDRESS: _____

CHECK ANY DEFECTIVE ITEM WITH AN X AND GIVE DETAILS

TRUCK NO. _____ ODOMETER _____

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

TRAILER(S) NO.(S) _____

- | | | |
|--|--|--|
| <input type="checkbox"/> Brake Connections | <input type="checkbox"/> Lights - All | <input type="checkbox"/> Suspension System |
| <input type="checkbox"/> Brakes | <input type="checkbox"/> Reflectors/ Reflective Tape | <input type="checkbox"/> Tires |
| <input type="checkbox"/> Doors | <input type="checkbox"/> Roof | <input type="checkbox"/> Wheels and Rims |
| <input type="checkbox"/> Hitch & Safety Chains | | |

REMARKS: _____

MARK CLEARLY ALL DAMAGE OR DEFICIENCIES FOUND BY USING THE FOLLOWING SYMBOL(S):
C = CUT H = HOLE D = DENT BR = BROKEN M = MISSING S = SCRATCH P = PATCHED



CONDITION OF THE ABOVE VEHICLES IS SATISFACTORY

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: _____