

# DRIVER'S VEHICLE INSPECTION REPORT

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

CARRIER: \_\_\_\_\_

LOCATION: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.

TRACTOR/  
TRUCK NO.: \_\_\_\_\_ ODOMETER BEGIN: \_\_\_\_\_  
READING END: \_\_\_\_\_

CHECK ANY DEFECTIVE ITEM AND GIVE DETAILS UNDER "REMARKS"

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

TRAILER(S) NO.(S): 1 2

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Brake Connections<br><input type="checkbox"/> Brakes<br><input type="checkbox"/> Coupling Devices<br><input type="checkbox"/> Coupling (King) Pin<br><input type="checkbox"/> Doors | <input type="checkbox"/> Hitch<br><input type="checkbox"/> Landing Gear<br><input type="checkbox"/> Lights - All<br><input type="checkbox"/> Reflectors/Reflective Tape<br><input type="checkbox"/> Roof | <input type="checkbox"/> Suspension System<br><input type="checkbox"/> Tarpaulin<br><input type="checkbox"/> Tires<br><input type="checkbox"/> Wheels and Rims<br><input type="checkbox"/> Other |
|--|--|--|

Remarks: \_\_\_\_\_

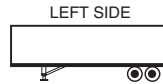
MARK CLEARLY ALL DAMAGE OR DEFICIENCIES FOUND BY USING THE FOLLOWING SYMBOL(S):  
 C = CUT H = HOLE D = DENT BR = BROKEN M = MISSING S = SCRATCH P = PATCHED



LEFT



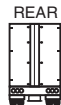
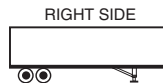
FRONT



RIGHT



BACK



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: \_\_\_\_\_