

INTERMODAL DRIVER'S VEHICLE INSPECTION REPORT

The Pre-trip inspection is required by FMCSA 49 CFR 392.7.

Completion of this report upon return by the carrier is required by FMCSA 49 CFR 396.12 if defects are present.

Pre-trip DATE: _____ **PB** **00000**

Post-trip/DVIR TIME: _____ AM PM

CARRIER NAME: _____ CARRIER US DOT NO.: _____

TRACTOR NO.: _____ **ODOMETER READING:** _____

CHECK ANY DAMAGED, DEFECTIVE, OR DEFICIENT ITEM AND GIVE DETAILS IN "REMARKS"

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

CHASSIS IEP NAME: _____

IEP US DOT NO.: _____ CHASSIS NO.: _____

- | | |
|---|--|
| <input type="checkbox"/> 00. No defects | <input type="checkbox"/> 05. King pin upper coupling device |
| <input type="checkbox"/> 01. Brakes | <input type="checkbox"/> 06. Rails or support frames |
| <input type="checkbox"/> 02. Lighting devices, lamps, markers, and conspicuity marking material | <input type="checkbox"/> 07. Tie-down bolsters |
| <input type="checkbox"/> 03. Wheels, rims, lugs, tires | <input type="checkbox"/> 08. Locking pins, clevises, clamps or hooks |
| <input type="checkbox"/> 04. Air line connections, hoses, and couplers | <input type="checkbox"/> 09. Sliders or sliding frame lock |

CONTAINER NO.: _____ **SEAL NO.(S):** _____

Remarks: _____

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: _____