

INTERMODAL DRIVER'S PRE-TRIP VEHICLE INSPECTION REPORT

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

LB 000000

Carrier Name: _____ Carrier US DOT No.: _____ Date: _____ Time: _____ AM
PM

Address: _____ Inspection Location: _____

Driver Name: _____ (Print) (First, M.I., Last) Tractor No.: _____ Odometer Reading: _____

IEP Name: _____ IEP US DOT No.: _____

Chassis No.: _____ FMCSA Inspection Date: _____ Container No.: _____

CHECK ANY DEFECTIVE ITEM AND GIVE DETAILS UNDER "REMARKS"

TRACTOR		CHASSIS	
<input type="checkbox"/> Air Compressor	<input type="checkbox"/> Front Axle	<input type="checkbox"/> Safety Equipment	<input type="checkbox"/> *00. No Defects
<input type="checkbox"/> Air Lines	<input type="checkbox"/> Fuel Tanks	<input type="checkbox"/> Fire Extinguisher	<input type="checkbox"/> *01. Brakes
<input type="checkbox"/> Battery	<input type="checkbox"/> Generator	<input type="checkbox"/> Flags - Flares - Fusees	<input type="checkbox"/> *02. Lighting Devices, Lamps, Markers, and Conspicuity Marking Material
<input type="checkbox"/> Belts and Hoses	<input type="checkbox"/> Horn	<input type="checkbox"/> Reflective Triangles	<input type="checkbox"/> *03. Wheels, Rims, Lugs, Tires
<input type="checkbox"/> Body	<input type="checkbox"/> Lights	<input type="checkbox"/> Spare Bulbs and Fuses	<input type="checkbox"/> *04. Air Line Connections, Hoses, and Couplers
<input type="checkbox"/> Brake Accessories	<input type="checkbox"/> Head - Stop	<input type="checkbox"/> Spare Seal Beam	<input type="checkbox"/> *05. Kingpin Upper Coupling Device
<input type="checkbox"/> Brakes, Parking	<input type="checkbox"/> Tail - Dash	<input type="checkbox"/> Starter	<input type="checkbox"/> *06. Rails or Support Frames
<input type="checkbox"/> Brakes, Service	<input type="checkbox"/> Turn Indicators	<input type="checkbox"/> Steering	<input type="checkbox"/> *07. Tie-down Bolsters
<input type="checkbox"/> Clutch	<input type="checkbox"/> Clearance/Marker	<input type="checkbox"/> Suspension System	<input type="checkbox"/> *08. Locking Pins, Clevises, Clamps, or Hooks
<input type="checkbox"/> Coupling Devices	<input type="checkbox"/> Mirrors	<input type="checkbox"/> Tire Chains	<input type="checkbox"/> *09. Sliders or Sliding Frame Lock
<input type="checkbox"/> Defroster/Heater	<input type="checkbox"/> Muffler	<input type="checkbox"/> Tires	
<input type="checkbox"/> Drive Line	<input type="checkbox"/> Oil Level	<input type="checkbox"/> Transmission	
<input type="checkbox"/> Engine	<input type="checkbox"/> Radiator Level	<input type="checkbox"/> Trip Recorder	
<input type="checkbox"/> Exhaust	<input type="checkbox"/> Rear End	<input type="checkbox"/> Wheels and Rims	
<input type="checkbox"/> Fifth Wheel	<input type="checkbox"/> Reflectors	<input type="checkbox"/> Windows	
<input type="checkbox"/> Fluid Levels		<input type="checkbox"/> Windshield Wipers	
<input type="checkbox"/> Frame and Assembly		<input type="checkbox"/> Other	

CONTAINER	CHASSIS TIRES AND TUBES
<input type="checkbox"/> Condition	<input type="checkbox"/> Roof
<input type="checkbox"/> Damage	<input type="checkbox"/> Sides
<input type="checkbox"/> Doors	<input type="checkbox"/> Seal No.(s)
	C = CUT, SF = SLID FLAT, RF = RUN FLAT, MS = MISSING
	LOF ___ LOI ___ LOR ___ ROF ___ ROI ___ ROR ___
	LIF ___ LIJ ___ LIR ___ RIF ___ RII ___ RIR ___

MARK CLEARLY ALL DAMAGE OR DEFICIENCIES FOUND BY USING THE FOLLOWING SYMBOL(S):

C = CUT B = BRUISE H = HOLE D = DENT BR = BROKEN M = MISSING S = SCRATCH P = PATCHED

TRACTOR	CHASSIS
	CONTAINER

REMARKS: _____

CONDITION OF THE ABOVE VEHICLE IS SATISFACTORY

DRIVER'S SIGNATURE UPON COMPLETION OF PRE-TRIP

ABOVE DEFECTS CORRECTED
 ABOVE DEFECTS NEED NOT BE CORRECTED FOR SAFE OPERATION OF VEHICLE

MECHANIC'S SIGNATURE: _____ DATE: _____

DRIVER'S SIGNATURE: _____ DATE: _____