

# INTERMODAL DRIVER'S PRE-TRIP VEHICLE INSPECTION REPORT

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

## CB 000000

Carrier Name: \_\_\_\_\_ Carrier US DOT No.: \_\_\_\_\_

Location: \_\_\_\_\_  
 Driver Name: \_\_\_\_\_  
 (Print)

Date: _____	Time: _____	AM PM
Location: _____		

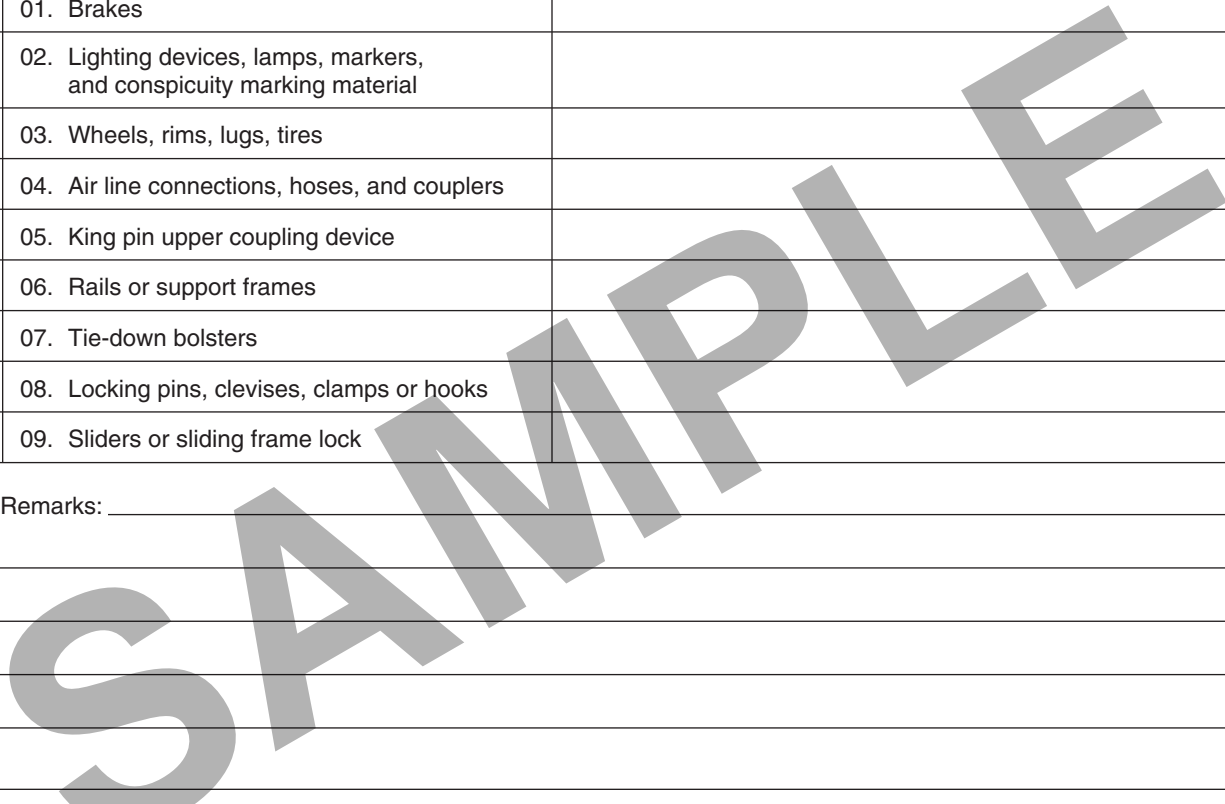
IEP Name: \_\_\_\_\_ IEP US DOT No.: \_\_\_\_\_

Chassis No.: \_\_\_\_\_ FMCSA Inspection Date: \_\_\_\_\_

Check (✓) Yes (Y) or No (N) for any damage, defects or deficiencies and explain in "REMARKS" or "Additional Remarks".

DEFECTIVE		COMPONENT	REMARKS
Y	N	00. No defects	
Y	N	01. Brakes	
Y	N	02. Lighting devices, lamps, markers, and conspicuity marking material	
Y	N	03. Wheels, rims, lugs, tires	
Y	N	04. Air line connections, hoses, and couplers	
Y	N	05. King pin upper coupling device	
Y	N	06. Rails or support frames	
Y	N	07. Tie-down bolsters	
Y	N	08. Locking pins, clevises, clamps or hooks	
Y	N	09. Sliders or sliding frame lock	

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



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

CHASSIS			CHASSIS TIRES AND TUBES		
			C = CUT, SF = SLID FLAT, RF = RUN FLAT, MS = MISSING LOF ____ LOI ____ LOR ____ ROF ____ ROI ____ ROR ____ LIF ____ LII ____ LIR ____ RIF ____ RII ____ RIR ____		

CONDITION OF THE ABOVE VEHICLE IS SATISFACTORY  ABOVE DEFECTS CORRECTED  
 ABOVE DEFECTS NEED NOT BE CORRECTED FOR SAFE OPERATION OF VEHICLE

DRIVER'S SIGNATURE UPON COMPLETION OF PRE-TRIP \_\_\_\_\_

MECHANIC'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

DRIVER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_