

# INTERMODAL DRIVER'S PRE-TRIP VEHICLE INSPECTION REPORT

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

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

Location: \_\_\_\_\_  
Driver Name: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM  
PM

(Print) IEP Name: \_\_\_\_\_ IEP US DOT No.: \_\_\_\_\_

Location: \_\_\_\_\_

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	Y	N	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
	<p>C = CUT, SF = SLID FLAT, RF = RUN FLAT, MS = MISSING</p> <p>LOF ____ LOI ____ LOR ____ ROF ____ ROI ____ ROR ____</p> <p>LIF ____ LII ____ LIR ____ RIF ____ RII ____ RIR ____</p>

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: \_\_\_\_\_