

INTERMODAL DRIVER'S VEHICLE INSPECTION REPORT

Completion of this report upon return to the Intermodal Equipment Provider by the carrier is required by FMCSA 49 CFR 396.11 and 396.12.

Carrier _____ **DB 001001**

Carrier US DOT No. _____ Date _____

Chassis No. _____ Time _____ AM
PM

Location of Inspection _____

Intermodal Equipment Provider _____

IEP US DOT No. _____

Check (✓) Yes (Y) or No (N) for any damage, defects or deficiencies and explain below.

Defective		Component
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

Explain any damage, defects or deficiencies: _____

Vehicle condition OK (This must be checked if there are no defects).

Reporting Driver's Signature _____ Date _____

Defects do not need to be corrected for safe operation. Defects Corrected.

Certified by: _____
Mechanic's Signature _____ Date _____

GATE/INTERMODAL EQUIPMENT PROVIDER