

# INTERMODAL DRIVER'S INSPECTION REPORT

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

**EB 0019601**

Carrier Name: \_\_\_\_\_ Carrier US DOT No.: \_\_\_\_\_  
 Driver Name: \_\_\_\_\_ (Print) Tractor No.: \_\_\_\_\_ Odometer Reading: \_\_\_\_\_  
 IEP Name: \_\_\_\_\_ IEP US DOT No.: \_\_\_\_\_

Chassis No.: \_\_\_\_\_ FMCSA Inspection Date: \_\_\_\_\_ Container No.: \_\_\_\_\_  
 Outbound Location: \_\_\_\_\_ Inbound Location: \_\_\_\_\_

CHECK (✓) ANY DAMAGED, DEFECTIVE OR DEFICIENT ITEM AND GIVE DETAILS IN "REMARKS" BELOW

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

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

OUTBOUND CHASSIS		INBOUND CHASSIS	
OUTBOUND CHASSIS TIRES AND TUBES		INBOUND CHASSIS TIRES AND TUBES	
C = CUT, FF = FOUND FLAT, SF = SLID FLAT, RF = RUN FLAT, MS = MISSING LOF ___ LOI ___ LOR ___ ROF ___ ROI ___ ROR ___ LIF ___ LII ___ LIR ___ RIF ___ RII ___ RIR ___		C = CUT, FF = FOUND FLAT, SF = SLID FLAT, RF = RUN FLAT, MS = MISSING LOF ___ LOI ___ LOR ___ ROF ___ ROI ___ ROR ___ LIF ___ LII ___ LIR ___ RIF ___ RII ___ RIR ___	
OUTBOUND CONTAINER		INBOUND CONTAINER	
Seal No.(s) _____	Seal No.(s) _____	Seal No.(s) _____	Seal No.(s) _____

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

OUTBOUND	INBOUND
<input type="checkbox"/> Condition of the above vehicle is satisfactory. _____ Inspecting Driver's Signature _____ Date _____ <input type="checkbox"/> Above defects corrected. <input type="checkbox"/> Above defects need not be corrected for safe operation of the vehicle. _____ Mechanic's Signature _____ Date _____ _____ Reviewing Driver's Signature _____ Date _____	Inspection Location: _____ Date: _____ Time: _____ AM/PM <input type="checkbox"/> Condition of the above vehicle is satisfactory. _____ Inspecting Driver's Signature _____ <input type="checkbox"/> Above defects corrected. <input type="checkbox"/> Above defects need not be corrected for safe operation of the vehicle. _____ Mechanic's Signature _____ Date _____