

DRIVER'S VEHICLE INSPECTION REPORT

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

Carrier: _____ Date: _____

Address: _____ Time: _____ A.M. _____ P.M.

Check any defective item and give details under "Remarks". Mark damage or deficiencies on back of ply 1.

TRACTOR/ TRUCK NO. _____

ODOMETER READING _____

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Air Compressor | <input type="checkbox"/> Exhaust | <input type="checkbox"/> Mirrors | <input type="checkbox"/> Starter |
| <input type="checkbox"/> Air Lines | <input type="checkbox"/> Fifth Wheel | <input type="checkbox"/> Muffler | <input type="checkbox"/> Steering |
| <input type="checkbox"/> Battery | <input type="checkbox"/> Fluid Levels | <input type="checkbox"/> Oil Pressure | <input type="checkbox"/> Suspension System |
| <input type="checkbox"/> Belts and Hoses | <input type="checkbox"/> Frame and Assembly | <input type="checkbox"/> Radiator | <input type="checkbox"/> Tire Chains |
| <input type="checkbox"/> Body | <input type="checkbox"/> Front Axle | <input type="checkbox"/> Rear End | <input type="checkbox"/> Tires |
| <input type="checkbox"/> Brake Accessories | <input type="checkbox"/> Fuel Tanks | <input type="checkbox"/> Reflectors | <input type="checkbox"/> Transmission |
| <input type="checkbox"/> Brakes, Parking | <input type="checkbox"/> Horn | <input type="checkbox"/> Safety Equipment | <input type="checkbox"/> Trip Recorder |
| <input type="checkbox"/> Brakes, Service | <input type="checkbox"/> Lights | <input type="checkbox"/> Fire Extinguisher | <input type="checkbox"/> Wheels and Rims |
| <input type="checkbox"/> Clutch | <input type="checkbox"/> Head/Stop | <input type="checkbox"/> Flags/Flares/Fusees | <input type="checkbox"/> Windows |
| <input type="checkbox"/> Coupling Devices | <input type="checkbox"/> Tail/Dash | <input type="checkbox"/> Reflective Triangles | <input type="checkbox"/> Windshield Wipers |
| <input type="checkbox"/> Defroster/Heater | <input type="checkbox"/> Turn Indicators | <input type="checkbox"/> Spare Bulbs and Fuses | <input type="checkbox"/> Other |
| <input type="checkbox"/> Drive Line | <input type="checkbox"/> Clearance/Marker | <input type="checkbox"/> Spare Seal Beam | |
| <input type="checkbox"/> Engine | | | |

TRAILER(S) NO.(S) #1 _____

#2 _____

- | | | |
|---|--|---|
| #1 #2 | #1 #2 | #1 #2 |
| <input type="checkbox"/> <input type="checkbox"/> Brake Connections | <input type="checkbox"/> <input type="checkbox"/> Hitch | <input type="checkbox"/> <input type="checkbox"/> Suspension System |
| <input type="checkbox"/> <input type="checkbox"/> Brakes | <input type="checkbox"/> <input type="checkbox"/> Landing Gear | <input type="checkbox"/> <input type="checkbox"/> Tarpaulin |
| <input type="checkbox"/> <input type="checkbox"/> Coupling Devices | <input type="checkbox"/> <input type="checkbox"/> Lights - All | <input type="checkbox"/> <input type="checkbox"/> Tires |
| <input type="checkbox"/> <input type="checkbox"/> Coupling (King) Pin | <input type="checkbox"/> <input type="checkbox"/> Reflectors/Reflective Tape | <input type="checkbox"/> <input type="checkbox"/> Wheels and Rims |
| <input type="checkbox"/> <input type="checkbox"/> Doors | <input type="checkbox"/> <input type="checkbox"/> Roof | <input type="checkbox"/> <input type="checkbox"/> Other |

Remarks: _____

- Condition of the above vehicle is satisfactory
- Above defects corrected
- Above defects need not be corrected for safe operation of vehicle

Mechanic's signature: _____ Date: _____

Driver's signature upon completion of trip _____ Driver's signature: _____ Date: _____

DRIVER'S CSA PRE-TRIP CHECKLIST

The following items have a "severity" rating associated with them under the USDOT's CSA enforcement program. Check each item to verify that you are in compliance prior to driving. Violations of the requirements listed below could negatively impact your and the company's CSA safety scores.

Unsafe Driving:

- Run will not require speeding
- No radar detector
- Using seatbelt
- No unauthorized passengers

Drugs/Alcohol:

- No drug use/possession
- Not under influence of alcohol/drugs
- No alcohol in vehicle
- No alcohol use in prior 4 hours

Hours of Service:

- Not ill, fatigued, or Out-of-Service
- In compliance with off-duty requirements
- Run will not violate HOS limits
- In possession of current log
- Log is current, complete, and legible
- In possession of previous 7 days' logs
- In possession of on-board recorder instructions and spare logs, if applicable

Driver Fitness:

- No Out-of-Service orders
- Fully qualified to drive
- In possession of single, valid license
- License not suspended/revoked/disqualified
- Proper license type and endorsements
- In possession of valid medical card/waiver

Vehicle Maintenance:

- Vehicle not Out-of-Service
- Pre-trip inspection
- Previous inspection report (DVIR) reviewed and signed if necessary
- Reported defects were corrected
- Current annual inspection
- Vehicle in safe condition
- Emergency equipment in place
- Cargo is secure and cannot shift, leak, roll, spill, or fall
- Tiedowns are in good condition and strong enough

Vehicle Maintenance (continued):

- Anchor points and front end structure are in good condition
- En-route cargo inspections
- Size/weight is within limits
- Warning flags for projecting loads
- Vehicle components are secure

Hazardous Materials:

- Cargo is properly packaged and secured
- CDL with hazmat endorsement
- Loading/unloading hazards are known
- Paperwork (shipping paper, manifest, permit, etc.)
- Proper marking/placard/ID no.
- Placard is clean, secure
- In possession of Emergency Response Guide and phone numbers
- Tire check
- Attendance requirements are known

I hereby certify that I am fit for duty and in compliance with all applicable state and/or Federal Motor Carrier Safety Regulations, including applicable items listed above.

Driver's signature: _____ Date: _____

Submit this form according to company policy.

ORIGINAL