

PICKUP TRUCK/VAN INSPECTION REPORT



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ATTENTION

This is a DOT regulated vehicle if it is rated at or weighs 10,001 lbs. or more.
It is also a DOT regulated vehicle if it is used as a tow vehicle and GCWR or combination weight is 10,001 lbs. or more.
You must be a DOT qualified driver to operate this vehicle when regulated.
You must adhere to all DOT regulations for commercial vehicles (CMVs) and their drivers.

Requirements when regulated:

- Display company name and DOT number
- Complete vehicle/trailer inspections
- Follow Hours-of-Service Regulations
- Current Log Book
- Valid license
- Current Medical Card
- Current Annual Vehicle Inspection
- Emergency equipment on board
- Secure cargo (if applicable)
- Possess a Hazardous Material manifest (if applicable)

Company: _____

Driver: _____

Month: _____ Year: _____



PICKUP TRUCK/VAN INSPECTION REPORT

REQUIRED BY DOT FEDERAL MOTOR CARRIER SAFETY REGULATIONS WHEN USED AS A REGULATED VEHICLE

COMPANY: _____

LOCATION: _____

DATE: _____ TIME: _____ A.M. _____ P.M.

PICKUP TRUCK/ ODOMETER BEGIN: _____
 VAN NO.: _____ READING END: _____

CHECK ANY DEFECTIVE ITEM AND GIVE DETAILS UNDER "REMARKS"

Prt = Pre-Trip			Pot = Post-Trip			RR = Requires Repair					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Alternator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fuel Cap and Leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Safety Equipment
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Battery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gauges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire Extinguisher
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Belts and Hoses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hitch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flags - Flares - Fusees
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Horn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reflective Triangles
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Brake Accessories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spare Bulbs and Fuses
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Brake Fluid Level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Head - Stop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Starter
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Brakes, Parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tail - Dash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Steering Fluid Level
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Brakes, Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Turn Indicators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(power)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clutch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mirrors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Steering Mechanism
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Defroster/Heater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Muffler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Suspension System
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Drive Line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oil Level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tire Chains
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Engine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Radiator Level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tires
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exhaust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rear End	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transmission
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frame and Assembly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reflectors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wheels/Rims/Lugs
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Front Axle/A-Frame					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Windows
								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Windshield Wipers

ATTENTION: This is a DOT regulated vehicle when GVWR or GCWR is 10,001 lbs. or more.

Company Name and DOT Numbers Current Annual Inspection Markings

TRAILER NO.: _____

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Brake Connections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Landing Gear/ Trailer Jack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Roof
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Brakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lights - All	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Suspension System
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Coupling Devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reflectors/ Reflective Tape	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Straps
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Doors					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tarpaulin
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hitch and Safety Chains					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tires
								<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wheels and Rims

Remarks: _____

CONDITION OF THE ABOVE VEHICLE IS SATISFACTORY

DRIVER'S SIGNATURE: _____

ABOVE DEFECTS CORRECTED

ABOVE DEFECTS NEED NOT BE CORRECTED FOR SAFE OPERATION OF VEHICLE

MECHANIC'S SIGNATURE: _____ DATE: _____

DRIVER'S SIGNATURE: _____ DATE: _____