

# DRIVER'S VEHICLE INSPECTION REPORT

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

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.

CHECK ANY DEFECTIVE ITEM AND GIVE DETAILS UNDER "REMARKS"

**TRACTOR/  
TRUCK NO.** \_\_\_\_\_ **ODOMETER READING** \_\_\_\_\_

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

**TRAILER(S) NO.(S)** \_\_\_\_\_

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

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: \_\_\_\_\_