



DRIVER'S VEHICLE INSPECTION REPORT

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

CARRIER: _____

ADDRESS: _____

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

TRACTOR/
TRUCK NO. _____ ODOMETER READING _____

CHECK ANY DEFECTIVE ITEM AND GIVE DETAILS UNDER "REMARKS"

- Air Compressor
- Air Lines
- Battery
- Belts and Hoses
- Body
- Brake Accessories
- Brakes, Parking
- Brakes, Service
- Cargo Straps
- Clutch
- Coupling Devices
- Defroster/Heater
- Drive Line
- Engine
- Exhaust
- Fifth Wheel
- Fluid Levels

- Frame and Assembly
- Front Axle
- Fuel Tanks
- Horn

Lights

- Head/Stop
- Tail/Dash
- Turn Indicators
- Clearance/Market
- Mirrors
- Muffler
- Oil Pressure
- Radiator
- Rear End
- Reflectors

Safety Equipment

- Fire Extinguisher
- Flags/Flares/Fusees
- Reflective Triangles
- Spare Bulbs and Fuses
- Spare Seal Beam
- Starter
- Steering
- Suspension System
- Tire Chains
- Tires
- Transmission
- Trip Recorder
- Wheels and Rims
- Windows
- Windshield Wipers
- Other

TRACTOR(S) NO.(S) _____

- Brake Connections
- Brakes
- Coupling Devices
- Coupling (King) Pin
- Doors

- Hitch
- Landing Gear
- Lights - All
- Reflectors/Reflective Tape
- Roof

- Suspension System
- Tarpaulin
- Tires
- Wheels and Rims
- Other

Remarks: _____

CONDITION OF THE ABOVE VEHICLE IS SATISFACTORY

DRIVER'S SIGNATURE: _____

ABOVE DEFECTS CORRECTED

ABOVE DEFECTS NEED NOT TO BE CORRECTED FOR SAFE OPERATION OF VEHICLE

MECHANIC'S SIGNATURE: _____ DATE: _____

DRIVER'S SIGNATURE: _____ DATE: _____