

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.

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	<input type="checkbox"/> Fire Extinguisher
<input type="checkbox"/> Battery	<input type="checkbox"/> Horn	<input type="checkbox"/> Flags/Flares/Fusees
<input type="checkbox"/> Belts and Hoses	<input type="checkbox"/> Lights	<input type="checkbox"/> Reflective Triangles
<input type="checkbox"/> Body	<input type="checkbox"/> Head/Stop	<input type="checkbox"/> Spare Bulbs and Fuses
<input type="checkbox"/> Brake Accessories	<input type="checkbox"/> Tail/Dash	<input type="checkbox"/> Spare Seal Beam
<input type="checkbox"/> Brakes, Parking	<input type="checkbox"/> Turn Indicators	<input type="checkbox"/> Starter
<input type="checkbox"/> Brakes, Service	<input type="checkbox"/> 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 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 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: _____

ORIGINAL

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