

Driver's Vehicle Inspection Report

Check ANY Defective Item and Give Details under "Remarks."

DATE: _____

TRUCK/TRACTOR NO. _____

- | | | |
|--------------------------------------------|--------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Air Compressor | <input type="checkbox"/> Horn | <input type="checkbox"/> Springs |
| <input type="checkbox"/> Air Lines | <input type="checkbox"/> Lights | <input type="checkbox"/> Starter |
| <input type="checkbox"/> Battery | Head – Stop | <input type="checkbox"/> Steering |
| <input type="checkbox"/> Brake Accessories | Tail – Dash | <input type="checkbox"/> Tachograph |
| <input type="checkbox"/> Brakes | Turn Indicators | <input type="checkbox"/> Tires |
| <input type="checkbox"/> Carburetor | <input type="checkbox"/> Mirrors | <input type="checkbox"/> Transmission |
| <input type="checkbox"/> Clutch | <input type="checkbox"/> Muffler | <input type="checkbox"/> Wheels |
| <input type="checkbox"/> Defroster | <input type="checkbox"/> Oil Pressure | <input type="checkbox"/> Windows |
| <input type="checkbox"/> Drive Line | <input type="checkbox"/> On-Board Recorder | <input type="checkbox"/> Windshield Wipers |
| <input type="checkbox"/> Engine | <input type="checkbox"/> Radiator | <input type="checkbox"/> Other |
| <input type="checkbox"/> Fifth Wheel | <input type="checkbox"/> Rear End | |
| <input type="checkbox"/> Front Axle | <input type="checkbox"/> Reflectors | |
| <input type="checkbox"/> Fuel Tanks | <input type="checkbox"/> Safety Equipment | |
| <input type="checkbox"/> Heater | Fire Extinguisher | |
| | Flags – Flares – Fuses | |
| | Spare Bulbs & Fuses | |
| | Spare Seal Beam | |

TRAILER(S) NO (S). _____

- | | | |
|----------------------------------------------|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Brake Connections | <input type="checkbox"/> Hitch | <input type="checkbox"/> Tarpaulin |
| <input type="checkbox"/> Brakes | <input type="checkbox"/> Landing Gear | <input type="checkbox"/> Tires |
| <input type="checkbox"/> Coupling Chains | <input type="checkbox"/> Lights – All | <input type="checkbox"/> Wheels |
| <input type="checkbox"/> Coupling (King) Pin | <input type="checkbox"/> Roof | <input type="checkbox"/> Other |
| <input type="checkbox"/> Doors | <input type="checkbox"/> Springs | |

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 _____