

**DRIVER'S VEHICLE INSPECTION REPORT**  
AS REQUIRED BY THE D.O.T. FEDERAL MOTOR CARRIERS SAFETY REGULATIONS

CARRIER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

ZIP \_\_\_\_\_

DATE: \_\_\_\_\_

TIME: \_\_\_\_\_

am  pm

**CHECK ANY DEFECTIVE ITEM AND GIVE DETAILS UNDER "REMARKS"**

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

ODOMETER READING: \_\_\_\_\_

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Air Compressor     | <input type="checkbox"/> Horn             | <input type="checkbox"/> Suspension System |
| <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"/> Body               | Tail-Dash                                 | <input type="checkbox"/> Tachograph        |
| <input type="checkbox"/> Brake Accessories  | Turn Indicators                           | <input type="checkbox"/> Tires             |
| <input type="checkbox"/> Brakes, Parking    | <input type="checkbox"/> Mirrors          | <input type="checkbox"/> Tire Chains       |
| <input type="checkbox"/> Clutch             | <input type="checkbox"/> Mufflers         | <input type="checkbox"/> Transmission      |
| <input type="checkbox"/> Coupling Devices   | <input type="checkbox"/> Oil Pressure     | <input type="checkbox"/> Wheels and Rims   |
| <input type="checkbox"/> Defrost/Heater     | <input type="checkbox"/> Radiator         | <input type="checkbox"/> Windows           |
| <input type="checkbox"/> Drive Line         | <input type="checkbox"/> Rear End         | <input type="checkbox"/> Windshield Wipers |
| <input type="checkbox"/> Engine             | <input type="checkbox"/> Reflectors       | <input type="checkbox"/> Other _____       |
| <input type="checkbox"/> Exhaust            | <input type="checkbox"/> Safety Equipment |  |
| <input type="checkbox"/> Fifth Wheel        | Fire Extinguisher                         |  |
| <input type="checkbox"/> Frame and Assembly | Reflective Triangles                      |  |
| <input type="checkbox"/> Front Axle         | Flags-Flares-Fuses                        |  |
| <input type="checkbox"/> Fuel Tanks         | 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 Devices    | <input type="checkbox"/> Lights - All      | <input type="checkbox"/> Wheels and Rims |
| <input type="checkbox"/> Coupling (King) Pin | <input type="checkbox"/> Roof              | <input type="checkbox"/> Other _____     |
| <input type="checkbox"/> Doors               | <input type="checkbox"/> Suspension System |  |

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

MECHANICS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

DRIVER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_