

# 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 \_\_\_\_\_