Driver’s Vehicle Inspection Report

Check Any Defective Item and Give Details Under "Remarks."

DATE: ____________________________

TRUCK/TRACTOR NO. ___________________

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

TRAILER(S) NO.(S) ______________________

☐ Brake Connections  ☐ Hitch  ☐ Tarpaulin
☐ Brakes  ☐ Landing Gear  ☐ Tires
☐ Coupling Chains  ☐ Lights – All  ☐ Wheels
☐ Coupling (King Pin)  ☐ Roof  ☐ Other
☐ Doors  ☐ Springs

Remarks: ________________________________________________________________

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☐ 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 _________