



## DRIVER'S VEHICLE INSPECTION REPORT

[As Required by the D.O.T. Federal Motor Carrier Safety Regulations].

Driver's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ A.M. \_\_\_\_\_ P.M. \_\_\_\_\_

Vehicle No.: \_\_\_\_\_ Odometer Reading: \_\_\_\_\_

### CHECK ANY DEFECTIVE ITEM AND GIVE DETAILS UNDER "REMARKS."

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Air Compressor    | <input type="checkbox"/> Fire Extinguisher    | <input type="checkbox"/> Reflectors                      |
| <input type="checkbox"/> Air Lines         | <input type="checkbox"/> Front Axle           | <input type="checkbox"/> Safety Equipment and Seat Belts |
| <input type="checkbox"/> Battery           | <input type="checkbox"/> Fuel Tanks           | <input type="checkbox"/> Flag-Flares-Fuses               |
| <input type="checkbox"/> Body              | <input type="checkbox"/> Generator            | <input type="checkbox"/> Starter                         |
| <input type="checkbox"/> Body Damage       | <input type="checkbox"/> Head Lights          | <input type="checkbox"/> Steering                        |
| <input type="checkbox"/> Brake Accessories | <input type="checkbox"/> Horn                 | <input type="checkbox"/> Stop Lights                     |
| <input type="checkbox"/> Brakes, Service   | <input type="checkbox"/> Level                | <input type="checkbox"/> Suspension System               |
| <input type="checkbox"/> Brakes, Parking   | <input type="checkbox"/> Mirrors              | <input type="checkbox"/> Tachograph                      |
| <input type="checkbox"/> Check Oil         | <input type="checkbox"/> Mud Flaps            | <input type="checkbox"/> Tail Lights                     |
| <input type="checkbox"/> Clutch            | <input type="checkbox"/> Oil Pressure         | <input type="checkbox"/> Tarpaulin                       |
| <input type="checkbox"/> Coupling Devices  | <input type="checkbox"/> Other                | <input type="checkbox"/> Tires                           |
| <input type="checkbox"/> Defroster/Heater  | <input type="checkbox"/> Placards             | <input type="checkbox"/> Transmission                    |
| <input type="checkbox"/> Drive line        | <input type="checkbox"/> Radiator Fluid       | <input type="checkbox"/> Turn Indicators                 |
| <input type="checkbox"/> Engine            | <input type="checkbox"/> Radiator             | <input type="checkbox"/> Wheels and Rims                 |
| <input type="checkbox"/> Exhaust           | <input type="checkbox"/> Rear End             | <input type="checkbox"/> Windows                         |
| <input type="checkbox"/> Fifth Wheel       | <input type="checkbox"/> Reflective Triangles | <input type="checkbox"/> Windshield Wipers               |

TRAILER(S) No(s): \_\_\_\_\_

Brake Connections  
Brakes  
Coupling Devices  
Coupling (King) pin

Doors  
Hitch  
Landing Gear Lights--All  
Other

Suspension  
System Tarpaulin  
Tires  
Wheels and Rims

Remarks:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CONDITION OF THE ABOVE VEHICLE IS SATISFACTORY.**

Driver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### BELOW TO BE COMPLETED BY FLEET MANAGEMENT AS REQUIRED.

<input type="checkbox"/> ABOVE DEFECTS CORRECTED. <input type="checkbox"/> ABOVE DEFECTS NEED NOT BE CORRECTED FOR SAFE OPERATION OF VEHICLE. <input type="checkbox"/> WORK ORDER NUMBER REQUIRED _____
FLEET REPRESENTATIVE SIGNATURE _____ DATE _____
DRIVER'S SIGNATURE _____ DATE _____

POLICE AND FIRE MAY USE THIS FORM OR A REVISED FORM SPECIFIC PER THEIR DEPARTMENT S.O.P.