



DRIVER VEHICLE INSPECTION REPORT

STARTING MILEAGE _____

HOURS _____

DRIVER NAME _____

ENDING MILEAGE _____

HOURS _____

TRUCK/TRACTOR # _____

PRE TRIP
 POST TRIP
 DATE _____

LOCATION _____

TRAILER # _____

TRUCKS/TRACTORS

- | | | |
|--|---|---|
| <input type="checkbox"/> Air compressor | <input type="checkbox"/> Fifth wheel | <input type="checkbox"/> Safety Equipment (Fire Extinguishers, Flags, Flares, Triangles, Fuses, Spare bulbs, Spare seal beam) |
| <input type="checkbox"/> Air lines | <input type="checkbox"/> Fluid levels | <input type="checkbox"/> Starter |
| <input type="checkbox"/> Battery | <input type="checkbox"/> Frame & Assembly | <input type="checkbox"/> Steering |
| <input type="checkbox"/> Belt & Hoses | <input type="checkbox"/> Front axle | <input type="checkbox"/> Suspension System |
| <input type="checkbox"/> Body | <input type="checkbox"/> Fuel tanks | <input type="checkbox"/> Tire chains |
| <input type="checkbox"/> Brake accessories | <input type="checkbox"/> Horn | <input type="checkbox"/> Tires |
| <input type="checkbox"/> Brakes, Parking | <input type="checkbox"/> Lights (Head/stop, tail, dash, turn indicators, clearance/markers) | <input type="checkbox"/> Transmission |
| <input type="checkbox"/> Brakes, Service | <input type="checkbox"/> Mirrors | <input type="checkbox"/> Trip recorder |
| <input type="checkbox"/> Clutch | <input type="checkbox"/> Mufflers | <input type="checkbox"/> Wheels and rims |
| <input type="checkbox"/> Coupling devices | <input type="checkbox"/> Oil pressure | <input type="checkbox"/> Windows |
| <input type="checkbox"/> Defroster heater | <input type="checkbox"/> Radiator | <input type="checkbox"/> Windshield wipers |
| <input type="checkbox"/> Drive line | <input type="checkbox"/> Reflectors | <input type="checkbox"/> Other |
| <input type="checkbox"/> Engine | | |
| <input type="checkbox"/> Exhaust | | |

TRAILER

- | | | |
|--|---|--|
| <input type="checkbox"/> Brake connections | <input type="checkbox"/> Hitch | <input type="checkbox"/> Suspension System |
| <input type="checkbox"/> Brakes | <input type="checkbox"/> Landing gear | <input type="checkbox"/> Tarpaulin |
| <input type="checkbox"/> Coupling devices | <input type="checkbox"/> Lights – ALL | <input type="checkbox"/> Tires |
| <input type="checkbox"/> Coupling (king) pin | <input type="checkbox"/> Reflectors/Reflective tape | <input type="checkbox"/> Wheels and Rims |
| <input type="checkbox"/> Doors | <input type="checkbox"/> Roof | <input type="checkbox"/> Other |

Description/Remarks/Infield Repairs _____

- Overall condition of vehicle is satisfactory Above defects have been corrected

_____ Drivers signature	_____ Date	_____ Drivers signature	_____ Date
		_____ Mechanics Signature	_____ Date