Driver's Vehicle Inspection Report

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

DATE: ____________________________

TRUCK/TRACTOR NO. ________________________

☐ Air Compressor  ☐ Horn  ☐ Springs  ☐ Starter  ☐ Steering  ☐ Tachograph  ☐ Tires  ☐ Transmission  ☐ Wheels  ☐ Windows  ☐ Windshield Wipers  ☐ Other  

☐ Air Lines  ☐ Lights  ☐ Head - Stop  

☐ Battery  ☐ Tail - Dash  ☐ Turn Indicators  

☐ Brake Accessories  ☐ Carburetor  ☐ Mirrors  

☐ Brakes  ☐ Clutch  ☐ Muffler  

☐ Defroster  ☐ Oil Pressure  

☐ Drive Line  ☐ On-Board Recorder  

☐ Engine  ☐ Radiator  

☐ Fifth Wheel  ☐ Rear End  

☐ Front Axle  ☐ Reflectors  

☐ Fuel Tanks  ☐ Safety Equipment  

☐ Heater  ☐ Fire Extinguisher  

☐ 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 __________________________________________ DATE ____________

☐ ABOVE DEFECTS CORRECTED

☐ ABOVE DEFECTS NEED NOT BE CORRECTED FOR SAFE OPERATION OF VEHICLE

MECHANIC'S SIGNATURE __________________________________________ DATE ____________

DRIVER'S SIGNATURE __________________________________________ DATE ____________