Driver’s Daily Vehicle Inspection Report
As required by the Federal Motor Carrier Safety Regulations for Commercial Drivers

Location: __________________________________________________________________________

Date: _______________      Time: ____________ AM  PM

Vehicle #: _________________________      Speedometer Reading: _______________________

Check any defective item and give details under “Remarks”.

(Car operators need only to inspect items with an asterisk “**”)

☐ Air Compressor  ☐ Horn  ☐ *Safety Equipment
☐ Air Lines  ☐ *Lights  ☐ *Fire Extinguisher (if applicable)
☐ *Battery  ☐ *Head  ☐ *Reflective Triangles (if applicable)
☐ Body  ☐ *Tail  ☐ *Spare Bulbs
☐ Brake Accessories  ☐ *Stop  ☐ *Spare Fuses
☐ *Brakes  ☐ *Dash  ☐ *Back-up Alarm (if applicable)
☐ Clutch  ☐ *Turn Indicators  ☐ *Seatbelts
☐ Defroster  ☐ *Emergency Flasher  ☐ Springs
☐ Drive Line  ☐ *Mirrors  ☐ Starter
☐ *Engine  ☐ Muffler-Exhaust System  ☐ *Steering
☐ Fifth Wheel  ☐ *Oil Pressure  ☐ Tachograph
☐ Front Axle  ☐ Placards  ☐ *Wheels and Lugnuts
☐ *Fuel Tanks  ☐ *Radiator  ☐ Transmission
☐ Generator  ☐ *Rear End  ☐ *Windows
☐ Heater  ☐ *Reflectors  ☐ *Windshield Wipers
☐ Defenders  ☐ *Wipers
☐ Other __________________________

(This section to be filled out by truck/trailer drivers only.)

Trailer(s) #(#) __________________________________________________________

☐ Brake Connections  ☐ Hitch  ☐ Roof
☐ Brakes  ☐ Landing Gear  ☐ Springs
☐ Coupling Chains  ☐ Lights—All  ☐ Tarpaulin
☐ Coupling (King) Pin  ☐ Placards  ☐ Tires
☐ Doors  ☐ Reflectors  ☐ Wheels and Lugnuts
☐ Other ___________________

Remarks: _________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Condition of above vehicle(s) is/are satisfactory ☐ YES ☐ NO

Driver’s Signature: ________________________________________________________________

Above defects corrected ☐ YES ☐ NO
Above defects need not be corrected for safe operation of vehicle ☐ YES ☐ NO

Mechanic’s Signature: ______________________________________ Date: _______________

Driver Reviewing Repairs, Signature: ______________________________ Date: ______________