

VEHICLE INSPECTION CIRCLE CHECK REPORT

MAKE OF MOTOR VEHICLE _____

MOTOR VEHICLE NUMBER PLATE OR UNIT NO. _____

TRAILER 1 NUMBER PLATE OR UNIT NO. _____

TRAILER 2 NUMBER PLATE OR UNIT NO. _____

DATE OF INSPECTION _____

TIME OF INSPECTION _____

NAME OF PERSON WHO INSPECTED THE VEHICLE(S) _____

SIGNATURE OF PERSON WHO INSPECTED THE VEHICLE(S) _____

INSIDE INSPECTION

1. Steering wheel
2. Brake pedal
3. Brake booster
4. Brake failure warning light
5. Brake air pressure or vacuum gauge
6. Warning signal, low pressure or low vacuum
7. Windshield washer and wipers
8. Windshield and windows
9. Mirrors
10. Defroster and heaters
11. Horn
12. Driver's seatbelt and seat security
13. Parking brake
14. Emergency equipment

OUTSIDE INSPECTION

1. All lights and reflectors
2. Wheels and fasteners
3. Tires
4. Fuel system
5. Exhaust system
6. Fifth wheel
7. Suspension, spring, air bags and controlling attachments
8. Towing and coupling devices
9. Load security
10. Load covering
11. Air brake adjustment and connections
12. Hydraulic brake fluid
13. Mirrors

DRIVER, SAFETY DEFECTS FOUND NO YES

LIST OF DEFECTS FOUND _____

DRIVER, DEFECTS OBSERVED WHILE DRIVING VEHICLE _____

REPAIR PERSON, REPAIRS REQUIRED YES NO

DEFECTS REPAIRED _____

DATE AND SIGNATURE OF PERSON WHO REPAIRS DEFECTS OR DETERMINES THAT REPAIRS WERE UNNECESSARY.

SIGNATURE _____ DATE _____