

DRIVER'S VEHICLE INSPECTION REPORT

As required by the Federal Motor Carrier Safety Regulations for Commercial Drivers

Date: _____

Company Name: _____

Time: _____

Address: _____

Truck/Tractor No: _____

City: _____

Trailer No: _____

State: _____

Mileage: _____

Zip: _____

<input type="checkbox"/> Air Compressor	<input type="checkbox"/> Fifth Wheel	<input type="checkbox"/> Reflectors
<input type="checkbox"/> Air Lines	<input type="checkbox"/> Frame and Assembly	<input type="checkbox"/> Safety - Fire Extenguisher
<input type="checkbox"/> Alternator	<input type="checkbox"/> Fuel Tanks	<input type="checkbox"/> Safety - Flares, Triangles
<input type="checkbox"/> Battery	<input type="checkbox"/> Gauges	<input type="checkbox"/> Safety - Spare Bulbs, Fuses
<input type="checkbox"/> Body	<input type="checkbox"/> Generator	<input type="checkbox"/> Suspension System
<input type="checkbox"/> Brake - Accessories	<input type="checkbox"/> Horn	<input type="checkbox"/> Starter
<input type="checkbox"/> Brake - Components	<input type="checkbox"/> Lights - Dash	<input type="checkbox"/> Steering
<input type="checkbox"/> Brake - Parking	<input type="checkbox"/> Lights - Head	<input type="checkbox"/> Tires
<input type="checkbox"/> Brake - Service	<input type="checkbox"/> Lights - Stop	<input type="checkbox"/> Tire Chains
<input type="checkbox"/> Clutch	<input type="checkbox"/> Lights - Tail	<input type="checkbox"/> Transmission
<input type="checkbox"/> Coupling Devices	<input type="checkbox"/> Lights - Turn	<input type="checkbox"/> Wheels and Rims
<input type="checkbox"/> Defroster / Heater	<input type="checkbox"/> Lights - Running	<input type="checkbox"/> Windows
<input type="checkbox"/> Drive Line	<input type="checkbox"/> Mirrors	<input type="checkbox"/> Windshield Wipers
<input type="checkbox"/> Engine	<input type="checkbox"/> On-Board Recorder	<input type="checkbox"/> Other
<input type="checkbox"/> Exhaust	<input type="checkbox"/> Radiator	Check defective parts and explain remarks.

<input type="checkbox"/> Trailer - Brake Connections	<input type="checkbox"/> Trailer - Landing Gear	<input type="checkbox"/> Trailer - Tarpaulin
<input type="checkbox"/> Trailer - Brakes	<input type="checkbox"/> Trailer - Lights - All	<input type="checkbox"/> Trailer - Doors
<input type="checkbox"/> Trailer - Coupling - Chains	<input type="checkbox"/> Trailer - Tires	<input type="checkbox"/> Trailer - Roof
<input type="checkbox"/> Trailer - Coupling - King Pin	<input type="checkbox"/> Trailer - Wheels and Rims	<input type="checkbox"/> Trailer - Other
<input type="checkbox"/> Trailer - Coupling - Hitch	<input type="checkbox"/> Trailer - Suspension System	

☐ Condition of vehicle is satisfactory.

Remarks:

Driver Name: _____

Driver Signature: _____

☐ Above defects corrected.☐ Above defects need not be corrected for safe operation of vehicle.

Mechanic Signature: _____

Date: _____

Driver Reviewing Repairs: _____

Repairs Signature: _____

Date: _____