

DRIVER'S VEHICLE INSPECTION REPORT

Company Name & Address: _____

____ Pre-trip Time of Inspection: _____ AM/PM Date: _____ Location of Inspection: _____

____ Post-trip

Odometer Reading (if equipped) _____ Tractor/Truck Lic. or Unit No. _____ Trailer(s) Lic. or Unit No. #1 _____ #2 _____

I declare that the vehicle(s) shown above has (have) been inspected in accordance with the applicable requirements of Schedule 1.

No Defects Found _____
 Inspector / Driver's Name Print _____ Inspector / Driver's Signature _____ Driver's Signature (if different from Inspector) _____

Driver (D) use an X if item is not satisfactory / Repairer (R) use ✓ when corrected and your initials.

Tractor/Truck		Trailer #				Tractor/Truck		Tractor/Truck	
D	R	Inspection Item	D	R	D	R	D	R	Inspection Item
		Valid Inspection Decal							Hydraulic Brake
		Air System Leakage							Hydraulic Brake Fluid
		Park Brake							Compressor Build Up
		Brake Performance/Brake Adjustment							Governor Cut Out
		Glad Hands							Governor Cut In
		Tires							Low Air Warning
		Wheels/Hubs/Fasteners							Emergency Brake
		Mudflaps							Electric Brake
		Frame & Cargo Body/Suspension							Brake Pedal Reserve & Fade
		Bumper/Underride Protection							Tractor Protection
		Load/Cargo Securement							Fuel System
		Safety Chains/Cables							Exhaust System
		Hitch/Couplers/Drawbars/Turntables/ Self Steering Axles							Power Steering & Fluid Level
		Lamps/Reflectors							Steering Wheel/Lash
		Permanently Attached Equipment							Cab & Doors
									Driver Controls
									Accelerator
									Instrument Lamps
									Driver Seat & Seatbelt Security
									Glass
									Wipers & Washers
									Rear View Mirrors
									Horn
									Heater/Defroster
									Emergency Equipment
									Safety Devices
									Dangerous Goods (If Any)
									General Defects

Remarks: _____

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

Authorized Repairer's Signature _____ Date _____ Driver's Signature _____ (FMCSR 396.13) Date _____

BOUND EDGE