



## DRIVER'S VEHICLE INSPECTION REPORT

DRIVER: \_\_\_\_\_

CHECK-IN

CHECK-OUT

TRUCK/TRACTOR NO.: \_\_\_\_\_

ODOMETER: \_\_\_\_\_

TRAILER NO.: \_\_\_\_\_

DATE: \_\_\_\_\_

CHECK ANY DEFECTIVE ITEM AND GIVE DETAILS UNDER "REMARKS"

**OK = Good Condition, RR = Requires Repairs**

TRUCK/TRACTOR				TRAILER			
OK RR	OK RR	OK RR	OK RR	OK RR	OK RR	OK RR	OK RR
<input type="checkbox"/> <input type="checkbox"/> Air Compressor	<input type="checkbox"/> <input type="checkbox"/> Front Axle	<input type="checkbox"/> <input type="checkbox"/> Safety Equipment	<input type="checkbox"/> <input type="checkbox"/> Fire Extinguisher	<input type="checkbox"/> <input type="checkbox"/> Brake Connections	<input type="checkbox"/> <input type="checkbox"/> Air Lines	<input type="checkbox"/> <input type="checkbox"/> Fuel Tanks	<input type="checkbox"/> <input type="checkbox"/> Brakes
<input type="checkbox"/> <input type="checkbox"/> Battery	<input type="checkbox"/> <input type="checkbox"/> Generator	<input type="checkbox"/> <input type="checkbox"/> Flags - Flares - Fuses	<input type="checkbox"/> <input type="checkbox"/> Reflective Triangles	<input type="checkbox"/> <input type="checkbox"/> Coupling Devices	<input type="checkbox"/> <input type="checkbox"/> Belts and Hoses	<input type="checkbox"/> <input type="checkbox"/> Horn	<input type="checkbox"/> <input type="checkbox"/> Coupling (King) Pin
<input type="checkbox"/> <input type="checkbox"/> Body	<input type="checkbox"/> <input type="checkbox"/> Lights	<input type="checkbox"/> <input type="checkbox"/> Spare Bulbs and Fuses	<input type="checkbox"/> <input type="checkbox"/> Spare Seal Beam	<input type="checkbox"/> <input type="checkbox"/> Doors	<input type="checkbox"/> <input type="checkbox"/> Brake Accessories	<input type="checkbox"/> <input type="checkbox"/> Head - Stop	<input type="checkbox"/> <input type="checkbox"/> Hitch
<input type="checkbox"/> <input type="checkbox"/> Brakes, Parking	<input type="checkbox"/> <input type="checkbox"/> Tail - Dash	<input type="checkbox"/> <input type="checkbox"/> Starter	<input type="checkbox"/> <input type="checkbox"/> Steering	<input type="checkbox"/> <input type="checkbox"/> Landing Gear	<input type="checkbox"/> <input type="checkbox"/> Brakes, Service	<input type="checkbox"/> <input type="checkbox"/> Turn Indicators	<input type="checkbox"/> <input type="checkbox"/> Lights - All
<input type="checkbox"/> <input type="checkbox"/> Clutch	<input type="checkbox"/> <input type="checkbox"/> Mirrors	<input type="checkbox"/> <input type="checkbox"/> Suspension System	<input type="checkbox"/> <input type="checkbox"/> Tire Chains	<input type="checkbox"/> <input type="checkbox"/> Reflectors/Reflective Tape	<input type="checkbox"/> <input type="checkbox"/> Coupling Devices	<input type="checkbox"/> <input type="checkbox"/> Muffler	<input type="checkbox"/> <input type="checkbox"/> Roof
<input type="checkbox"/> <input type="checkbox"/> Defroster/Heater	<input type="checkbox"/> <input type="checkbox"/> Oil Level	<input type="checkbox"/> <input type="checkbox"/> Tires	<input type="checkbox"/> <input type="checkbox"/> Transmission	<input type="checkbox"/> <input type="checkbox"/> Straps	<input type="checkbox"/> <input type="checkbox"/> Drive Line	<input type="checkbox"/> <input type="checkbox"/> Radiator Level	<input type="checkbox"/> <input type="checkbox"/> Suspension System
<input type="checkbox"/> <input type="checkbox"/> Engine	<input type="checkbox"/> <input type="checkbox"/> Rear End	<input type="checkbox"/> <input type="checkbox"/> Trip Recorder	<input type="checkbox"/> <input type="checkbox"/> Wheels and Rims	<input type="checkbox"/> <input type="checkbox"/> Tarpaulin	<input type="checkbox"/> <input type="checkbox"/> Exhaust	<input type="checkbox"/> <input type="checkbox"/> Reflectors	<input type="checkbox"/> <input type="checkbox"/> Tires
<input type="checkbox"/> <input type="checkbox"/> Fifth Wheel		<input type="checkbox"/> <input type="checkbox"/> Windshield Wipers	<input type="checkbox"/> <input type="checkbox"/> Windows	<input type="checkbox"/> <input type="checkbox"/> Wheels and Rims	<input type="checkbox"/> <input type="checkbox"/> Fluid Levels		<input type="checkbox"/> <input type="checkbox"/> Other
<input type="checkbox"/> <input type="checkbox"/> Frame and Assembly		<input type="checkbox"/> <input type="checkbox"/> Other					

REMARKS: \_\_\_\_\_

### EQUIPMENT IN THE TRUCK:

CHECK WHETHER THE FOLLOWING ITEMS ARE AVAILABLE IN THE TRUCK AND IF THEY ARE OPERABLE

YES	NO	Working	Not working	YES	NO	Working	Not working
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
APU				EZ-Pass			
Invertor				Sun Pass			
Refrigerator				ELD			
Microwave				GPS			
TV				Tablet			
DVD				Truck Folder			
Radio				Other: _____			
Straps		Quantity: _____		_____			
Load locks		Quantity: _____		_____			

DRIVER'S SIGNATURE UPON COMPLETION OF INSPECTION

CONDITION OF THE ABOVE VEHICLE IS SATISFACTORY

ABOVE DEFECTS CORRECTED

MECHANIC'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

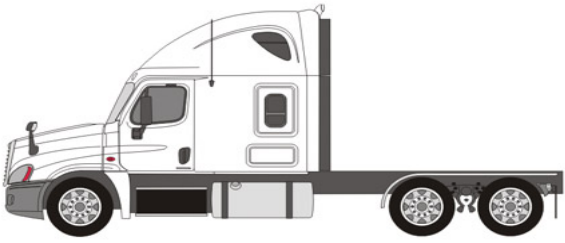


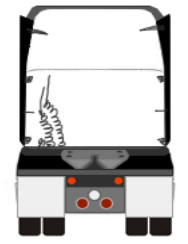


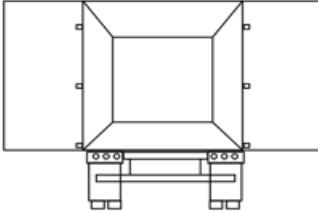
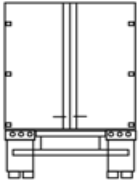
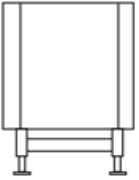
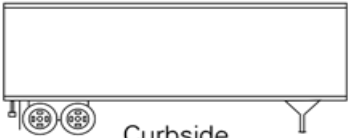



## DRIVER'S VEHICLE INSPECTION REPORT

MARK CLEARLY ALL DAMAGES OR DEFICIENCIES FOUND BY USING THE FOLLOWING SYMBOL(S):  
 D=DAMAGED C=CUT H=HOLE BR=BROKEN M=MISSING S=SCRATCH P=PATCHED O=OTHER

**PHYSICAL INSPECTION:**

**TIRE INSPECTION:**

TRUCK																											
 Driver Side	 Front	<table style="margin: auto;"> <tr> <td></td> <td style="text-align: center;">LF</td> <td></td> <td style="text-align: center;">RF</td> </tr> <tr> <td></td> <td style="border: 1px solid black; width: 30px; height: 60px;"></td> <td style="border: 1px solid black; width: 20px; height: 10px;"></td> <td style="border: 1px solid black; width: 30px; height: 60px;"></td> </tr> <tr> <td style="text-align: center;">LFO</td> <td style="text-align: center;">LFI</td> <td style="text-align: center;">RFI</td> <td style="text-align: center;">RFO</td> </tr> <tr> <td style="border: 1px solid black; width: 30px; height: 60px;"></td> <td style="border: 1px solid black; width: 30px; height: 60px;"></td> <td style="border: 1px solid black; width: 30px; height: 60px;"></td> <td style="border: 1px solid black; width: 30px; height: 60px;"></td> </tr> <tr> <td style="text-align: center;">LRO</td> <td style="text-align: center;">LRI</td> <td style="text-align: center;">RRI</td> <td style="text-align: center;">RRO</td> </tr> <tr> <td style="border: 1px solid black; width: 30px; height: 60px;"></td> <td style="border: 1px solid black; width: 30px; height: 60px;"></td> <td style="border: 1px solid black; width: 30px; height: 60px;"></td> <td style="border: 1px solid black; width: 30px; height: 60px;"></td> </tr> </table>			LF		RF					LFO	LFI	RFI	RFO					LRO	LRI	RRI	RRO				
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LFO	LFI	RFI	RFO																								
LRO	LRI	RRI	RRO																								
 Passenger Side	 Rear																										

TRAILER																										
 Inside	 Rear	 Front	<table style="margin: auto;"> <tr> <td></td> <td style="text-align: center;">LFO</td> <td style="text-align: center;">LFI</td> <td></td> <td style="text-align: center;">RFI</td> <td style="text-align: center;">RFO</td> </tr> <tr> <td></td> <td style="border: 1px solid black; width: 30px; height: 60px;"></td> <td style="border: 1px solid black; width: 30px; height: 60px;"></td> <td style="border: 1px solid black; width: 20px; height: 10px;"></td> <td style="border: 1px solid black; width: 30px; height: 60px;"></td> <td style="border: 1px solid black; width: 30px; height: 60px;"></td> </tr> <tr> <td style="text-align: center;">LRO</td> <td style="text-align: center;">LRI</td> <td></td> <td style="text-align: center;">RRI</td> <td style="text-align: center;">RRO</td> </tr> <tr> <td style="border: 1px solid black; width: 30px; height: 60px;"></td> <td style="border: 1px solid black; width: 30px; height: 60px;"></td> <td></td> <td style="border: 1px solid black; width: 30px; height: 60px;"></td> <td style="border: 1px solid black; width: 30px; height: 60px;"></td> </tr> </table>			LFO	LFI		RFI	RFO							LRO	LRI		RRI	RRO					
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LRO	LRI		RRI	RRO																						
 Curbside	 Roadside			<table style="margin: auto;"> <tr> <td></td> <td style="text-align: center;">LRO</td> <td style="text-align: center;">LRI</td> <td></td> <td style="text-align: center;">RRI</td> <td style="text-align: center;">RRO</td> </tr> <tr> <td></td> <td style="border: 1px solid black; width: 30px; height: 60px;"></td> <td style="border: 1px solid black; width: 30px; height: 60px;"></td> <td style="border: 1px solid black; width: 20px; height: 10px;"></td> <td style="border: 1px solid black; width: 30px; height: 60px;"></td> <td style="border: 1px solid black; width: 30px; height: 60px;"></td> </tr> </table>			LRO	LRI		RRI	RRO															
	LRO	LRI		RRI	RRO																					
 Top	 Bottom																									

REMARKS: \_\_\_\_\_

<input type="checkbox"/> CONDITION OF THE ABOVE VEHICLE IS SATISFACTORY <input type="checkbox"/> ABOVE DEFECTS CORRECTED MECHANIC'S SIGNATURE: _____ DATE: _____
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**DRIVER'S VEHICLE INSPECTION REPORT  
TRUCK/TRAILER CONCERNS SHEET**

DRIVER: \_\_\_\_\_  
TRUCK: \_\_\_\_\_  
TRAILER: \_\_\_\_\_

DATE: \_\_\_\_\_  
ODO: \_\_\_\_\_

LIST OF CONCERNS:

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The above issues have been acknowledged.

\_\_\_\_\_  
DRIVER'S SIGNATURE

\_\_\_\_\_  
MECHANIC'S SIGNATURE