

Driver's Vehicle Inspection Checklist

Carrier _____

Address _____

Date _____ Time _____ A.M P.M

Truck No _____ Odometer Reading _____

Tractor Inspection

- | | | |
|--|---|---|
| <input type="checkbox"/> Air Compressor | <input type="checkbox"/> Frame and Assembly | <input type="checkbox"/> Safety Equipment |
| <input type="checkbox"/> Air Lines | <input type="checkbox"/> Front Axle | <input type="checkbox"/> Fire Extinguisher |
| <input type="checkbox"/> Battery | <input type="checkbox"/> Fuel Tanks | <input type="checkbox"/> Flags/Flares/Fuses |
| <input type="checkbox"/> Belts and Hoses | <input type="checkbox"/> Horn | <input type="checkbox"/> Reflective Triangles |
| <input type="checkbox"/> Body | <input type="checkbox"/> Lights | <input type="checkbox"/> Spare Bulbs & Fuses |
| <input type="checkbox"/> Brake Accessories | <input type="checkbox"/> Head/Stop | <input type="checkbox"/> Spare Seal Beam |
| <input type="checkbox"/> Brakes, Parking | <input type="checkbox"/> Tail/Dash | <input type="checkbox"/> Starter |
| <input type="checkbox"/> Brakes, Service | <input type="checkbox"/> Turn Indicators | <input type="checkbox"/> Steering |
| <input type="checkbox"/> Clutch | <input type="checkbox"/> Clearance/Marker | <input type="checkbox"/> Suspension System |
| <input type="checkbox"/> Coupling Devices | <input type="checkbox"/> Mirrors | <input type="checkbox"/> Tire Chains |
| <input type="checkbox"/> Defroster/Heater | <input type="checkbox"/> Muffler | <input type="checkbox"/> Tires |
| <input type="checkbox"/> Drive Line | <input type="checkbox"/> Oil Pressure | <input type="checkbox"/> Transmission |
| <input type="checkbox"/> Engine | <input type="checkbox"/> Radiator | <input type="checkbox"/> Trip Recorder |
| <input type="checkbox"/> Exhaust | <input type="checkbox"/> Rear End | <input type="checkbox"/> Wheels and Rims |
| <input type="checkbox"/> Fifth Wheel | <input type="checkbox"/> Reflectors | <input type="checkbox"/> Windows |
| <input type="checkbox"/> Fluid Levels | | <input type="checkbox"/> Windshield Wipers |
| | | <input type="checkbox"/> Other: _____ |

Trailer Inspection (if applicable)

Trailer No.(s): _____

- | | | |
|--|--|--|
| <input type="checkbox"/> Brake Connections | <input type="checkbox"/> Hitch | <input type="checkbox"/> Roof |
| <input type="checkbox"/> Brakes | <input type="checkbox"/> Landing Gear | <input type="checkbox"/> Suspension System |
| <input type="checkbox"/> Coupling Devices | <input type="checkbox"/> Lights - All | <input type="checkbox"/> Tarpaulin |
| <input type="checkbox"/> Coupling (King) Pin | <input type="checkbox"/> Reflectors/Reflective | <input type="checkbox"/> Tires |
| <input type="checkbox"/> Doors | <input type="checkbox"/> Tape | <input type="checkbox"/> Wheels and Rims |
| | | <input type="checkbox"/> Other: _____ |

Remarks

-
- Condition of the above vehicle is satisfactory

Signatures

Driver's Signature: _____ Date: _____

-
- Above defects corrected

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

Mechanic's Signature: _____ Date: _____