

# DRIVER VEHICLE INSPECTION REPORT\*

(To be completed daily in accordance with Rule 396.11 of Safety Regulations as prescribed by the D.O.T.)

Your Company Name \_\_\_\_\_

Owner's Name \_\_\_\_\_

Vehicle Number \_\_\_\_\_

Driver \_\_\_\_\_

Date \_\_\_\_\_

Items to Check	Driver's Report	Mechanic's Report	Items to Check	Driver's Report	Mechanic's Report
<b>BEFORE STARTING ENGINE</b>			<b>AFTER STARTING ENGINE</b>		
Oil — if added insert # gals.			Fuel system		
Fuel — if added insert # gals.			Cooling system		
Coolant			Engine		
Brake lines to trailer			Leaks		
Electrical lines to trailer			Headlights		
Drive line			Taillights		
Coupling devices			Stop & turn lights		
Tires & wheels			Clearance & marker lights		
Springs			Reflectors		
Body			<b>AFTER STARTING ENGINE</b>		
Glass			Air pressure warning device		
<b>EMERGENCY EQUIPMENT</b>			Oil pressure		
Torches, lanterns or reflectors			Ammeter		
Flags			Horn		
Spare bulbs			Windshield wipers		
Fuses			Parking brakes		
Fire extinguisher			Clutch		
Tire chains			Transmission		
<b>AFTER STARTING ENGINE (Out of Cab)</b>			Rear vision mirrors		
Fuel system			Steering		
			Service brakes		
			Speedometer		
			Other items		
<b>DAILY MILEAGE RECORD</b>			<b>I made inspection as required on listed items.</b>		
Speedometer reading at end of day: _____			Driver's Signature: _____		
Speedometer reading at start of day: _____			<b>I certify that repairs checked were made today.</b>		
Total miles driven today: _____			Mechanic's Signature: _____		
Date of trailer lubrication if on this trip: _____			<b>Repair Order No.</b> _____		
Driver: Use <input type="checkbox"/> if item is satisfactory			Mechanic: Use <input type="checkbox"/> when item is corrected and sign your initials		
Use <input type="checkbox"/> if item is <b>not</b> satisfactory					
Remarks: _____					
_____					

\*This checklist may not include **all** conditions that apply to your operation, as it is intended to be used only as a guide.