

Driver's Daily Vehicle Inspection Report

Date: _____ **Time:** _____ AM PM

Company: _____ **Driver:** _____

Check any defective item and give details under "Remarks".

TRUCK/TRACTOR	Unit No.: _____	Odometer Reading: _____
Air Compressor Air Lines Battery Brake Accessories Brakes Carburetor Clutch Defroster Drive Line Engine Fifth Wheel Front Axle Fuel Tanks Heater Horn	Lights - Head / Stop - Tail / Dash - Turn Indicators Mirrors Muffler Oil Pressure On-Board Recorder Radiator Rear End Reflectors Safety Equipment - Fire Extinguisher - Flags / Flares / Fuses - Spare Bulbs & Fuses - Spare Seal Beam	Springs Starter Steering Tachograph Tires Transmission Wheels Windows Windshield Wipers Other: _____ Other: _____ Other: _____ Other: _____ Other: _____

TRAILER(S)	Unit No.(s): _____	
Brake Connection Brakes Coupling Chains Coupling (King) Pin Doors	Hitch Landing Gear Lights - All Roof Spring	Tarpaulin Tires Wheels Other: _____ Other: _____

REMARKS:

CONDITION OF ABOVE VEHICLE IS: SATISFACTORY UNSATISFACTORY

Driver Signature: _____

MECHANIC'S COMMENTS:

ABOVE DEFECTS CORRECTED

ABOVE DEFECTS NEED NOT BE CORRECTED FOR SAFE OPERATION OF VEHICLE

Mechanic Signature: _____ Date: _____

Driver Signature: _____ Date: _____