

# DRIVER'S INSPECTION REPORT

COMPLETION OF THIS REPORT REQUIRED BY FEDERAL LAW, 49 CFR 396.11 & 396.13

\_\_\_\_\_  
Truck or Tractor Number

\_\_\_\_\_  
Mileage (No Tenths)

\_\_\_\_\_  
Trailer Number

\_\_\_\_\_  
Dolly Number

\_\_\_\_\_  
Trailer Number

\_\_\_\_\_  
Location

CHECK DEFECTS ONLY. Explain under REMARKS.

## POWER UNIT

### GENERAL CONDITION

- Cab/Doors/Windows
  - Body/Doors
  - Oil Leak \_\_\_\_\_
  - Grease Leak \_\_\_\_\_
  - Coolant Leak
  - Fuel Leak
  - Other \_\_\_\_\_
- \_\_\_\_\_  
(IDENTIFY)

### ENGINE COMPARTMENT

- Oil Level
  - Coolant Level
  - Belts
  - Other \_\_\_\_\_
- \_\_\_\_\_  
(IDENTIFY)

### IN-CAB

- Gauges/Warning Indicators
  - Windshield Wipers/Washers
  - Horns
  - Heater/Defroster
  - Mirrors
  - Steering
  - Clutch
  - Service Brakes
  - Parking Brake
  - Emergency Brakes
  - Triangles
  - Fire Extinguisher
  - Other Safety Equipment
  - Spare Fuses
  - Seat Belts
  - Other \_\_\_\_\_
- \_\_\_\_\_  
(IDENTIFY)

### EXTERIOR

- Lights
  - Reflectors
  - Suspension
  - Tires
  - Wheels/Rims/Lugs
  - Battery
  - Exhaust
  - Brakes
  - Air Lines
  - Light Line
  - Fifth Wheel
  - Other Coupling
  - Tie-Downs
  - Rear-End Protection
  - Other \_\_\_\_\_
- \_\_\_\_\_  
(IDENTIFY)

NO DEFECTS

## TOWED UNIT(S)

- |                                     |   |   |  |
|-------------------------------------|---|---|--|
| <input type="checkbox"/> Body/Doors | <input type="checkbox"/> Suspension       | <input type="checkbox"/> Landing Gear           | <input type="checkbox"/> Rear End Protection |
| <input type="checkbox"/> Tie-Downs  | <input type="checkbox"/> Tires            | <input type="checkbox"/> King Pin/Upper Plate   | <input type="checkbox"/> Other _____         |
| <input type="checkbox"/> Lights     | <input type="checkbox"/> Wheels/Rims/Lugs | <input type="checkbox"/> Fifth-Wheel (Dolly)    | _____<br>(IDENTIFY)                          |
| <input type="checkbox"/> Reflectors | <input type="checkbox"/> Brakes           | <input type="checkbox"/> Other Coupling Devices | <input type="checkbox"/> NO DEFECTS          |

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

REPORTING DRIVER:      Date _____  Name _____ Employee Number _____	MAINTENANCE ACTION:      Date _____ Repairs Made <input type="checkbox"/> No Repairs Needed <input type="checkbox"/>
REVIEWING DRIVER:      Date _____  Name _____ Employee Number _____	R.O. #S: _____ Certified By: _____ Location: _____

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