

(Your Company Name Here)

DRIVER VEHICLE INSPECTION REPORT*

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

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
BEFORE STARTING ENGINE			AFTER STARTING ENGINE		
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			AFTER STARTING ENGINE		
Glass			Air pressure warning device		
EMERGENCY EQUIPMENT			Oil pressure		
Torches, lanterns or reflectors			Ammeter		
Flags			Horn		
Spare bulbs			Windshield wipers		
Fuses			Parking brakes		
Fire extinguisher			Clutch		
Tire chains			Transmission		
AFTER STARTING ENGINE (Out of Cab)			Rear vision mirrors		
Fuel system			Steering		
			Service brakes		
			Speedometer		
			Other items		
DAILY MILEAGE RECORD			I made inspection as required on listed items.		
Speedometer reading at end of day: _____			Driver's Signature: _____		
Speedometer reading at start of day: _____			I certify that repairs checked were made today.		
Total miles driven today: _____			Mechanic's Signature: _____		
Date of trailer lubrication if on this trip: _____			Repair Order No. _____		
Driver: Use if item is satisfactory			Mechanic: Use when item is corrected and sign your initials		
Use if item is <i>not</i> 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.