

Driver's Daily Vehicle Inspection Report

As required by the Federal Motor Carrier Safety Regulations for Commercial Drivers

Location: _____

Date: _____

Time: _____ AM PM

Vehicle #: _____

Speedometer Reading: _____

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

(Car operators need only to inspect items with an asterisk "")**

- | | | |
|--|---|--|
| <input type="checkbox"/> Air Compressor | <input type="checkbox"/> Horn | <input type="checkbox"/> *Safety Equipment |
| <input type="checkbox"/> Air Lines | <input type="checkbox"/> *Lights | <input type="checkbox"/> *Fire Extinguisher (if applicable) |
| <input type="checkbox"/> *Battery | <input type="checkbox"/> *Head | <input type="checkbox"/> *Reflective Triangles (if applicable) |
| <input type="checkbox"/> Body | <input type="checkbox"/> *Tail | <input type="checkbox"/> *Spare Bulbs |
| <input type="checkbox"/> Brake Accessories | <input type="checkbox"/> *Stop | <input type="checkbox"/> *Spare Fuses |
| <input type="checkbox"/> *Brakes | <input type="checkbox"/> *Dash | <input type="checkbox"/> *Back-up Alarm (if applicable) |
| <input type="checkbox"/> Clutch | <input type="checkbox"/> *Turn Indicators | <input type="checkbox"/> *Seatbelts |
| <input type="checkbox"/> Defroster | <input type="checkbox"/> *Emergency Flasher | <input type="checkbox"/> Springs |
| <input type="checkbox"/> Drive Line | <input type="checkbox"/> *Mirrors | <input type="checkbox"/> Starter |
| <input type="checkbox"/> *Engine | <input type="checkbox"/> Muffler-Exhaust System | <input type="checkbox"/> *Steering |
| <input type="checkbox"/> Fifth Wheel | <input type="checkbox"/> *Oil Pressure | <input type="checkbox"/> Tachograph |
| <input type="checkbox"/> Front Axle | <input type="checkbox"/> Placards | <input type="checkbox"/> *Wheels and Lugnuts |
| <input type="checkbox"/> *Fuel Tanks | <input type="checkbox"/> *Radiator | <input type="checkbox"/> Transmission |
| <input type="checkbox"/> Generator | <input type="checkbox"/> *Rear End | <input type="checkbox"/> *Windows |
| <input type="checkbox"/> Heater | <input type="checkbox"/> *Reflectors | <input type="checkbox"/> *Windshield Wipers |
| | | <input type="checkbox"/> Other _____ |

(This section to be filled out by truck/trailer drivers only.)

Trailer(s) #(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"/> Springs |
| <input type="checkbox"/> Coupling Chains | <input type="checkbox"/> Lights—All | <input type="checkbox"/> Tarpaulin |
| <input type="checkbox"/> Coupling (King) Pin | <input type="checkbox"/> Placards | <input type="checkbox"/> Tires |
| <input type="checkbox"/> Doors | <input type="checkbox"/> Reflectors | <input type="checkbox"/> Wheels and Lugnuts |
| | | <input type="checkbox"/> Other _____ |

Remarks: _____

Condition of above vehicle(s) is/are satisfactory YES NO

Driver's Signature: _____

Above defects corrected YES NO

Above defects need not be corrected for safe operation of vehicle YES NO

Mechanic's Signature: _____ Date: _____

Driver Reviewing Repairs, Signature: _____ Date: _____