



Daily Driver's Vehicle Inspection Report

Label	

Daily Vehicle Inspection

As Required By the D.O.T Federal Motor Carrier Safety Regulations

Carrier:

Date:

Time:

Check Condition of All Items & Give Details Under "Remarks"s

Tractor/Truck No.:

Odometer Reading:

<input checked="" type="checkbox"/>	<input type="checkbox"/>	N/A	Air Compressor
<input checked="" type="checkbox"/>	<input type="checkbox"/>	N/A	Air Lines
<input checked="" type="checkbox"/>	<input type="checkbox"/>	N/A	Battery
<input checked="" type="checkbox"/>	<input type="checkbox"/>	N/A	Belts and Hoses
<input checked="" type="checkbox"/>	<input type="checkbox"/>	N/A	Body
<input checked="" type="checkbox"/>	<input type="checkbox"/>	N/A	Brake Accessories
<input checked="" type="checkbox"/>	<input type="checkbox"/>	N/A	Brakes, Parking
<input checked="" type="checkbox"/>	<input type="checkbox"/>	N/A	Brakes, Service
<input checked="" type="checkbox"/>	<input type="checkbox"/>	N/A	Clutch
<input checked="" type="checkbox"/>	<input type="checkbox"/>	N/A	Coupling Devices
<input checked="" type="checkbox"/>	<input type="checkbox"/>	N/A	Defroster/Heater
<input checked="" type="checkbox"/>	<input type="checkbox"/>	N/A	Drive Line
<input checked="" type="checkbox"/>	<input type="checkbox"/>	N/A	Engine
<input checked="" type="checkbox"/>	<input type="checkbox"/>	N/A	Exhaust
<input checked="" type="checkbox"/>	<input type="checkbox"/>	N/A	Fifth Wheel
<input checked="" type="checkbox"/>	<input type="checkbox"/>	N/A	Fluid Levels
<input checked="" type="checkbox"/>	<input type="checkbox"/>	N/A	Frame & Assembly
<input checked="" type="checkbox"/>	<input type="checkbox"/>	N/A	Front Axle
<input checked="" type="checkbox"/>	<input type="checkbox"/>	N/A	Fuel Tanks

<input checked="" type="checkbox"/>	<input type="checkbox"/>	N/A	Horn
<input checked="" type="checkbox"/>	<input type="checkbox"/>	N/A	Lights: Head/Stop; Tail/Dash; Turn Indicators; Clearance Marker
<input checked="" type="checkbox"/>	<input type="checkbox"/>	N/A	Mirrors
<input checked="" type="checkbox"/>	<input type="checkbox"/>	N/A	Muffler
<input checked="" type="checkbox"/>	<input type="checkbox"/>	N/A	Oil Pressure
<input checked="" type="checkbox"/>	<input type="checkbox"/>	N/A	Radiator
<input checked="" type="checkbox"/>	<input type="checkbox"/>	N/A	Rear End
<input checked="" type="checkbox"/>	<input type="checkbox"/>	N/A	Reflectors
<input checked="" type="checkbox"/>	<input type="checkbox"/>	N/A	Safety Equipment: Fire Extinguisher; Flags/Flares/Fusees; Reflective Triangles; Spare Bulbs & Fuses; Spare Seal Beam
<input checked="" type="checkbox"/>	<input type="checkbox"/>	N/A	Starter
<input checked="" type="checkbox"/>	<input type="checkbox"/>	N/A	Steering
<input checked="" type="checkbox"/>	<input type="checkbox"/>	N/A	Suspension System
<input checked="" type="checkbox"/>	<input type="checkbox"/>	N/A	Tire Chains
<input checked="" type="checkbox"/>	<input type="checkbox"/>	N/A	Tires
<input checked="" type="checkbox"/>	<input type="checkbox"/>	N/A	Transmission
<input checked="" type="checkbox"/>	<input type="checkbox"/>	N/A	Trip Recorder
<input checked="" type="checkbox"/>	<input type="checkbox"/>	N/A	Wheels & Rims
<input checked="" type="checkbox"/>	<input type="checkbox"/>	N/A	Windows
<input checked="" type="checkbox"/>	<input type="checkbox"/>	N/A	Windshield Wipers
<input checked="" type="checkbox"/>	<input type="checkbox"/>	N/A	Other

Remarks:

Check Condition of All Items & Give Details Under "Remarks"s

Trailer(s) No.(s):

<input checked="" type="checkbox"/>	<input type="checkbox"/>	N/A	Brake Connections
<input checked="" type="checkbox"/>	<input type="checkbox"/>	N/A	Brakes
<input checked="" type="checkbox"/>	<input type="checkbox"/>	N/A	Coupling Devices
<input checked="" type="checkbox"/>	<input type="checkbox"/>	N/A	Coupling (King) Pin
<input checked="" type="checkbox"/>	<input type="checkbox"/>	N/A	Doors
<input checked="" type="checkbox"/>	<input type="checkbox"/>	N/A	Hitch
<input checked="" type="checkbox"/>	<input type="checkbox"/>	N/A	Landing Gear
<input checked="" type="checkbox"/>	<input type="checkbox"/>	N/A	Lights -All
<input checked="" type="checkbox"/>	<input type="checkbox"/>	N/A	Reflectors / Reflective Tape
<input checked="" type="checkbox"/>	<input type="checkbox"/>	N/A	Roof
<input checked="" type="checkbox"/>	<input type="checkbox"/>	N/A	Suspension System
<input checked="" type="checkbox"/>	<input type="checkbox"/>	N/A	Tarpaulin
<input checked="" type="checkbox"/>	<input type="checkbox"/>	N/A	Tires
<input checked="" type="checkbox"/>	<input type="checkbox"/>	N/A	Wheels & Rims
<input checked="" type="checkbox"/>	<input type="checkbox"/>	N/A	Other

Remarks:

Overall			
<input checked="" type="checkbox"/>	<input type="checkbox"/>	N/A	The Condition of the Above Vehicle is Satisfactory
YES	NO	N/A	Above Defects Corrected
YES	NO	N/A	Above Defects Need to be Corrected For Safe Operation of Vehicle
Mechanic's Signature:			
Driver's Signature:			