

CDL#/State:
 Medical Card:
 Training Cards:

DRIVER'S VEHICLE INSPECTION

UNIT (TT) # _____

UNIT (TRAILER) # _____

DATE: ____/____/20____

DRIVER:

DRIVER NAME - PLEASE PRINT _____

CHECK ANY DEFECTIVE ITEM AND GIVE DETAILS UNDER THE REMARKS SECTION.

Prt	Pot	RR		Prt	Pot	RR		Prt	Pot	RR	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Air Compressor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Generator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Suspension System
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Air Lines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Horn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Starter
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Battery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Steering
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Body	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Head - Stop	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tachograph
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Brake Accessories	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tail - Dash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tires
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Brakes, Parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Turn Indicators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tire Chains
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Brakes, Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mirrors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transmission
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clutch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Muffler	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wheels and Frames
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Coupling Devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oil Level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Windows
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Defrost/Heater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Radiator Level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Windshield Wipers
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Drive Line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rear End	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Engine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reflectors				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exhaust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Safety Equipment				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fifth Wheel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire Extinguisher				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Frame and Assembly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reflective Triangles				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Front Axle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flags - Flares - Fuses				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fuel Tanks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spare Bulbs & Fuses				
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Spare Seal Beam				

Prt - Pre-Trip
Pot - Post Trip
RR - Requires Repair

TRAILER(S) NO.(S): _____

Prt	Pot	RR		Prt	Pot	RR		Prt	Pot	RR	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Brake Connections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hitch	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Straps
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Brakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Landing - Gear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tarpaulin
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Coupling Devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lights - All	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tires
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Coupling (King) Pin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wheels and Rims
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Suspension System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: Twist Lock

COMMENTS: _____

CONDITION OF THE ABOVE VEHICLE IS SATASFACTORY

DRIVER: (signature) _____ Date: ____/____/20____

ABOVE DEFECTS CORRECTED

MECHANIC:(printed name) _____

MECHANIC:(signature) _____ Date: ____/____/20____

DRIVER:(signature) _____ Date: ____/____/20____

Supervisor _____ Date: ____/____/20____

Signature _____