

Driver's Vehicle Inspection Report 396.11

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

Date: _____

Truck/Tractor Number: _____

- | | | |
|--|--|--|
| <input type="checkbox"/> Air Compressor | <input type="checkbox"/> Horn | <input type="checkbox"/> Flags-Flares-Fuses |
| <input type="checkbox"/> Air Lines | <input type="checkbox"/> Lights | <input type="checkbox"/> Spare Bulbs & Fuses |
| <input type="checkbox"/> Battery | <input type="checkbox"/> Head - Stop | <input type="checkbox"/> Spare Seal Beam |
| <input type="checkbox"/> Brake Accessories | <input type="checkbox"/> Tail - Dash | <input type="checkbox"/> Springs |
| <input type="checkbox"/> Brakes | <input type="checkbox"/> Turn Indicators | <input type="checkbox"/> Starter |
| <input type="checkbox"/> Carburetor | <input type="checkbox"/> Mirrors | <input type="checkbox"/> Steering |
| <input type="checkbox"/> Clutch | <input type="checkbox"/> Muffler | <input type="checkbox"/> Tachograph |
| <input type="checkbox"/> Defroster | <input type="checkbox"/> Oil Pressure | <input type="checkbox"/> Tires |
| <input type="checkbox"/> Drive Line | <input type="checkbox"/> On-Board Recorder | <input type="checkbox"/> Transmission |
| <input type="checkbox"/> Engine | <input type="checkbox"/> Radiator | <input type="checkbox"/> Wheels |
| <input type="checkbox"/> Fifth Wheel | <input type="checkbox"/> Rear End | <input type="checkbox"/> Windows |
| <input type="checkbox"/> Front Axle | <input type="checkbox"/> Reflectors | <input type="checkbox"/> Windshield Wipers |
| <input type="checkbox"/> Fuel Tanks | <input type="checkbox"/> Safety Equipment | <input type="checkbox"/> Other |
| <input type="checkbox"/> Heater | <input type="checkbox"/> Fire Extinguisher | |

Trailer(s) No.(s): _____

- | | | |
|--|---------------------------------------|------------------------------------|
| <input type="checkbox"/> Brake Connections | <input type="checkbox"/> Hitch | <input type="checkbox"/> Tarpaulin |
| <input type="checkbox"/> Brakes | <input type="checkbox"/> Landing Gear | <input type="checkbox"/> Tires |
| <input type="checkbox"/> Coupling Chains | <input type="checkbox"/> Lights (All) | <input type="checkbox"/> Wheels |
| <input type="checkbox"/> Coupling (King) Pin | <input type="checkbox"/> Roof | <input type="checkbox"/> Other |
| <input type="checkbox"/> Doors | <input type="checkbox"/> Springs | |

Remarks: _____

Condition of the above is satisfactory

Driver's Signature: _____

Above defects corrected

Above defects need not be corrected for safe operation of vehicle

Mechanic's Signature: _____ Date: _____

Driver's Signature: _____ Date: _____