

# 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: \_\_\_\_\_