



Your Firm Info
 1 Address St., State, City, Zip
 Phone (222) 333-4444
 Email: email-address.com

Driver Vehicle Inspection Report

____/____/____

DRIVER NAME _____ VEHICLE NUMBER: _____ MAKE: _____
 MILEAGE: _____ HOURS: _____ START _____ MILEAGE: _____ HOURS: _____ FINISH _____

TRIP INSPECTION

PRE	POST
<input type="checkbox"/> TIRES, WHEELS & RIMS	<input type="checkbox"/>
<input type="checkbox"/> ENGINE OIL, FUEL & COOLANT	<input type="checkbox"/>
<input type="checkbox"/> SERVICE BRAKES & ALL CONNECTIONS	<input type="checkbox"/>
<input type="checkbox"/> PARKING (HAND) BRAKE(S)	<input type="checkbox"/>
<input type="checkbox"/> STEERING MECHANISM(S)	<input type="checkbox"/>
<input type="checkbox"/> HORN(S)	<input type="checkbox"/>
<input type="checkbox"/> INSTRUMENTS AND GAUGES	<input type="checkbox"/>
<input type="checkbox"/> LIGHTS AND REFLECTORS	<input type="checkbox"/>
<input type="checkbox"/> EMERGENCY EQUIPMENT	<input type="checkbox"/>
<input type="checkbox"/> CAMERA	<input type="checkbox"/>
<input type="checkbox"/> STROBE LIGHT	<input type="checkbox"/>
<input type="checkbox"/> BACKUP ALARM	<input type="checkbox"/>
<input type="checkbox"/> WINDSHIELD WIPERS	<input type="checkbox"/>
<input type="checkbox"/> REAR VISION MIRRORS	<input type="checkbox"/>
<input type="checkbox"/> COUPLING DEVICES	<input type="checkbox"/>
<input type="checkbox"/> LICENSE PLATE(S), REGISTRATION, INSURANCE	<input type="checkbox"/>
<input type="checkbox"/> VEHICLE DAMAGE	<input type="checkbox"/>
<input type="checkbox"/> SPILL KIT	<input type="checkbox"/>

CHECK IF NO DEFECTS NOTED.....
 INVOLVED IN ACCIDENT

TRIP INSPECTION - TRAILER

PRE	POST
<input type="checkbox"/> TIRES, WHEELS & RIMS	<input type="checkbox"/>
<input type="checkbox"/> SERVICE BRAKES & ALL CONNECTIONS	<input type="checkbox"/>
<input type="checkbox"/> LIGHTS AND REFLECTORS	<input type="checkbox"/>
<input type="checkbox"/> COUPLING DEVICES	<input type="checkbox"/>
<input type="checkbox"/> LICENSE PLATE / REGISTRATION	<input type="checkbox"/>
<input type="checkbox"/> SUSPENSION	<input type="checkbox"/>
<input type="checkbox"/> TARPS, DOORS, AUTOTARPER	<input type="checkbox"/>
<input type="checkbox"/> DAMAGE	<input type="checkbox"/>

TIRE CONDITION

LF		RF	
L20	L2I	R20	R2I
L30	L3I	R30	R3I
L40	L4I	R40	R4I
L50	L5I	R50	R5I

I HAVE PERFORMED THE ABOVE PRE/POST TRIP INSPECTION AND EACH ITEM IS IN PROPER WORKING ORDER OR I HAVE NOTED THE DEFECTS. DOT338 (AXB) 5 (C) / IITA 575

PRE-TRIP: _____ / _____ / _____
 DRIVER'S SIGNATURE DATE TIME

POST-TRIP: _____ / _____ / _____
 DRIVER'S SIGNATURE DATE TIME

FLUIDS ADDED

QUANTITY QTS / GAL

FUEL _____

ENGINE OIL _____

HYDRAULIC OIL _____

OTHER _____

OTHER _____

OTHER _____

OTHER _____

OTHER _____

VEHICLE CONDITION REPORT - CHECK ANY DEFECTIVE ITEM AND GIVE DETAILS UNDER REMARKS

<p>TIRES, WHEELS & RIMS</p> <input type="checkbox"/> FLAT <input type="checkbox"/> LOW AIR PRESSURE <input type="checkbox"/> MARGINAL TREAD <input type="checkbox"/> LOOSE LUG NUTS <input type="checkbox"/> CRACKS, CUTS OR DAMAGE <input type="checkbox"/> GREASE LEAKS <p>ENGINE</p> <input type="checkbox"/> COOLANT LEAKS <input type="checkbox"/> FUEL LEAKS <input type="checkbox"/> OIL LEAKS <input type="checkbox"/> MISSES <input type="checkbox"/> OVERHEATS <input type="checkbox"/> NOISES <input type="checkbox"/> SMOKING <input type="checkbox"/> LOW OIL PRESSURE <p>BRAKES</p> <input type="checkbox"/> SERVICE BRAKES <input type="checkbox"/> PARKING BRAKES <input type="checkbox"/> AIR / HYDRAULIC LEAKS <input type="checkbox"/> PULLS TO LEFT / RIGHT <input type="checkbox"/> ADJUST ALL BRAKES	<p>CAB / CHASSIS</p> <input type="checkbox"/> BATTERY BOX / COVER <input type="checkbox"/> DOORS <input type="checkbox"/> SEAT BELTS <input type="checkbox"/> MIRRORS AND CAB GLASS <input type="checkbox"/> HEATER / DEFROSTER <input type="checkbox"/> TRIANGLE REFLECTORS <input type="checkbox"/> FIRE EXTINGUISHER <input type="checkbox"/> COUPLING DEVICE(S) <input type="checkbox"/> LICENSE PLATE(S) <input type="checkbox"/> REGISTRATION <input type="checkbox"/> SPILL KIT <p>STEERING</p> <input type="checkbox"/> LOOSE <input type="checkbox"/> SHIMMY <input type="checkbox"/> STEERS HARD <input type="checkbox"/> PULLS TO LEFT / RIGHT <p>DRIVE LINE</p> <input type="checkbox"/> FOREIGN MATERIAL <input type="checkbox"/> NOISY <input type="checkbox"/> VIBRATIONS	<p>TRANSMISSION</p> <input type="checkbox"/> NOISY <input type="checkbox"/> JUMPS OUT OF GEAR <input type="checkbox"/> HARD SHIFTING <input type="checkbox"/> LEAKS <p>CLUTCH</p> <input type="checkbox"/> NOISY <input type="checkbox"/> SLIPPING <input type="checkbox"/> ADJUST CLUTCH <p>REAR AXLE</p> <input type="checkbox"/> NOISY <input type="checkbox"/> LEAKS <p>SPRINGS</p> <input type="checkbox"/> BROKEN <input type="checkbox"/> LOOSE U-BOLTS <p>ACCESSORIES</p> <input type="checkbox"/> CAMERA <input type="checkbox"/> STROBE LIGHT <input type="checkbox"/> BACKUP ALARM <input type="checkbox"/> MONITOR	<p>LIGHTS</p> <input type="checkbox"/> HEADLIGHTS <input type="checkbox"/> STOP & TAIL LIGHTS <input type="checkbox"/> TURN SIGNALS <input type="checkbox"/> MAKER LIGHTS <input type="checkbox"/> REFLECTORS <input type="checkbox"/> DASH LIGHTS <p>ELECTRICAL</p> <input type="checkbox"/> WILL NOT START <input type="checkbox"/> WILL NOT CHARGE <input type="checkbox"/> WILL NOT SHUT DOWN <p>INSTRUMENTS & GAUGES</p> <input type="checkbox"/> AIR PRESSURE GAUGE / ALARM <input type="checkbox"/> AMP METER / VOLT GAUGE <input type="checkbox"/> TEMPERATURE GAUGE <input type="checkbox"/> OIL PRESSURE GAUGE <input type="checkbox"/> SPEEDOMETER <input type="checkbox"/> TACHOMETER <input type="checkbox"/> WINDSHIELD WIPERS / WASHER <input type="checkbox"/> HORN(S)	<p>BODY / TILT FRAME</p> <input type="checkbox"/> HYDRAULIC LEAKS <input type="checkbox"/> LEFT SIDE <input type="checkbox"/> CYL <input type="checkbox"/> LINE <input type="checkbox"/> VALVE <input type="checkbox"/> RIGHT SIDE <input type="checkbox"/> CYL <input type="checkbox"/> LINE <input type="checkbox"/> VALVE <input type="checkbox"/> FRONT <input type="checkbox"/> CYL <input type="checkbox"/> LINE <input type="checkbox"/> VALVE <input type="checkbox"/> REAR <input type="checkbox"/> CYL <input type="checkbox"/> LINE <input type="checkbox"/> VALVE <input type="checkbox"/> TOP DOOR <input type="checkbox"/> CYL <input type="checkbox"/> LINE <input type="checkbox"/> VALVE <input type="checkbox"/> REAR DOOR <input type="checkbox"/> CYL <input type="checkbox"/> LINE <input type="checkbox"/> VALVE <input type="checkbox"/> WILL NOT PACK PROPERLY <input type="checkbox"/> DAMAGED PINS <input type="checkbox"/> TURNBUCKLE <input type="checkbox"/> HYDRAULIC CONTROLS <input type="checkbox"/> PUMP LEAKS <input type="checkbox"/> PTO LEAKS <input type="checkbox"/> BODY MOUNTING BOLTS <input type="checkbox"/> CRACK / DAMAGE ON BODY <input type="checkbox"/> DAMAGED CHAINS <input type="checkbox"/> MICRO SWITCHES <input type="checkbox"/> CONTROL ARMS <input type="checkbox"/> REAR DOOR SEAL <input type="checkbox"/> PUMP NOISY <input type="checkbox"/> PTO NOISY <input type="checkbox"/> HYDRAULIC LEVEL
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REMARKS - BE SPECIFIC: _____

CORRECTIVE ACTION I CERTIFY THAT: REPAIRS OF THE NOTED DEFECTS HAVE BEEN CORRECTED.
 ITEMS NOTED DO NOT EFFECT THE SAFE OPERATION OF THIS VEHICLE.

TECHNICIAN'S SIGNATURE: _____ DATE: ____/____/____
 VEHICLE REPAIR ORDER NUMBER: _____ DATE: ____/____/____
 AS PER DOT 39613 (A) (B) & (C) AND HWY TRAFFIC ACT 575: I HAVE REVIEWED THIS VEHICLE CONDITION REPORT
 DRIVER'S SIGNATURE: _____ DATE: ____/____/____