



Your Firm Info

1 Address St., State, City, Zip

Phone (222) 333-4444

Email: email-address.com

DRIVER'S DAILY VEHICLE INSPECTION REPORT

Completion of this (report required by Federal Law, 49CFR 396.11 & 396.13.

(This report must be completed and turned in at the end of each day or (our 01
duty., Check any defective item and give details under "Remarks"

TRACTOR NO.

DATE

- | | | |
|--|---|---|
| <input type="checkbox"/> Air Compressor | <input type="checkbox"/> Front Axle | <input type="checkbox"/> Springs |
| <input type="checkbox"/> Battery | <input type="checkbox"/> Fuel Tanks | <input type="checkbox"/> Steering |
| <input type="checkbox"/> Body | <input type="checkbox"/> Heater | <input type="checkbox"/> Tachograph |
| <input type="checkbox"/> Brake Accessories | <input type="checkbox"/> Horn | <input type="checkbox"/> Tire. |
| <input type="checkbox"/> Brakes | <input type="checkbox"/> Lights | <input type="checkbox"/> Transmission |
| <input type="checkbox"/> Clutch | <input type="checkbox"/> Loses Water | <input type="checkbox"/> Wheels |
| <input type="checkbox"/> Defroster | <input type="checkbox"/> Mirrors | <input type="checkbox"/> Windows |
| <input type="checkbox"/> Door Handles | <input type="checkbox"/> Oil Pressure | <input type="checkbox"/> Windshield Wiper |
| <input type="checkbox"/> Drive line | <input type="checkbox"/> Radiator | |
| <input type="checkbox"/> Engine | <input type="checkbox"/> Rear End | <input type="checkbox"/> OTHER |
| <input type="checkbox"/> Filth Wheel | <input type="checkbox"/> Safety Equipment | <input type="checkbox"/> NO DEFECTS |

REMARKS: _____

Reporting Driver _____ (Sig.) _____ (DATE)

Mechanic making Repairs _____ (Sig.) _____ (DATE)

Reviewing Driver _____ (Sig.) _____ (DATE)

SPEEDOMETER READING _____