

(Long Form) DRIVER'S VEHICLE INSPECTION REPORT

Required by Federal Motor Carrier Safety Regulations (FMCSR) 396.11 Post-Trip, 396.13 Pre-Trip & 395.8 Interpretations

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CARRIER: _____ TRACTOR/TRUCK NO: _____

ADDRESS: _____ CITY: _____ STATE & ZIP: _____

DATE & TIME START: _____ / _____ ODOMETER READING START: _____

Circle and note all defective items under remarks. Note: most are required by FMCSR

** [√] For each item that is Satisfactory [X] For each item that is Unsatisfactory. **

Inside of Power Unit:

Before & After Driving

Outside of Power Unit:

Before & After Driving

- | | | | | | |
|--------------------------|--------------------------|--|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | All Warning Devices – (Low Air, Water & Oil) | <input type="checkbox"/> | <input type="checkbox"/> | All Belts, All Hoses including Power Steering |
| <input type="checkbox"/> | <input type="checkbox"/> | Horn – (City & Air) | <input type="checkbox"/> | <input type="checkbox"/> | Oil, Water & P/S Levels or Excessive Leaks |
| <input type="checkbox"/> | <input type="checkbox"/> | Windshield & Windshield Wipers | <input type="checkbox"/> | <input type="checkbox"/> | Loose Bolts or Hood/Cab Mountings |
| <input type="checkbox"/> | <input type="checkbox"/> | Mirrors – (Clean, Adjusted & Mountings) | <input type="checkbox"/> | <input type="checkbox"/> | Front Axle, Suspension, Frame & Steering |
| <input type="checkbox"/> | <input type="checkbox"/> | Air Leaks or Max Air Loss over 5 lbs. per min. | <input type="checkbox"/> | <input type="checkbox"/> | Front Brake Adjustments, Hoses & Mountings |
| <input type="checkbox"/> | <input type="checkbox"/> | Steering, Turn Signal Lever & Indicator | <input type="checkbox"/> | <input type="checkbox"/> | Front Tires, Wheels, Lug Nuts, Hub Oil Level & Seals |
| <input type="checkbox"/> | <input type="checkbox"/> | Heater, Defroster & Air Conditioner | <input type="checkbox"/> | <input type="checkbox"/> | Lights: Head, Parking, ID, Marker, Turn & Stop Lamps |
| <input type="checkbox"/> | <input type="checkbox"/> | Parking Brake – (Power Unit & Trailer) | <input type="checkbox"/> | <input type="checkbox"/> | Body including Cab, Steps, Boxes & Annual Inspection |
| <input type="checkbox"/> | <input type="checkbox"/> | All Gauges, Switches & Lights | <input type="checkbox"/> | <input type="checkbox"/> | Muffler, Exhaust System & Drive Lines |
| <input type="checkbox"/> | <input type="checkbox"/> | Fire Extinguisher, Securement & Outside Sign | <input type="checkbox"/> | <input type="checkbox"/> | Fuel Tanks, Mountings, Lines, Caps & Seals |
| <input type="checkbox"/> | <input type="checkbox"/> | 3 - Reflective Triangles & First Aid Kit | <input type="checkbox"/> | <input type="checkbox"/> | Air & Electrical Lines, Securement & Glad Hands |
| <input type="checkbox"/> | <input type="checkbox"/> | Cab, Doors, Locks & Windows | <input type="checkbox"/> | <input type="checkbox"/> | Coupler Device: Mounting, Bolts & Locking Device |
| <input type="checkbox"/> | <input type="checkbox"/> | Spare Head Lamp, Bulbs or Fuses? | <input type="checkbox"/> | <input type="checkbox"/> | Rear Brake Adjustments, Hoses, Mountings |
| <input type="checkbox"/> | <input type="checkbox"/> | Other _____ | <input type="checkbox"/> | <input type="checkbox"/> | Rear Tires, Wheels & Lug Nuts |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | Frame, Rear Suspension, Air Leaks & Axle Seals |

TRAILER(s) No. (s): _____ / _____

- | | | | | | |
|--------------------------|--------------------------|---|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Air, Electrical Lines & Glad Hand Connections | <input type="checkbox"/> | <input type="checkbox"/> | Tires, Wheels, Lug Nuts & Hub Oil Level |
| <input type="checkbox"/> | <input type="checkbox"/> | Landing Gear & Handle in Cradle | <input type="checkbox"/> | <input type="checkbox"/> | Lights – All & Current Annual Inspection Sticker |
| <input type="checkbox"/> | <input type="checkbox"/> | Frame & Cross Members | <input type="checkbox"/> | <input type="checkbox"/> | Body, Floor/Deck, Roof, Doors & Door Locks |
| <input type="checkbox"/> | <input type="checkbox"/> | Suspension, Air Leaks & Axle Seals | <input type="checkbox"/> | <input type="checkbox"/> | Load Securement and Securement Devices |
| <input type="checkbox"/> | <input type="checkbox"/> | Brake Adjustments, Hoses & Mountings | <input type="checkbox"/> | <input type="checkbox"/> | Other _____ |

If Required – HUB READING START: _____ / _____ HUB READING END: _____ / _____

Remarks: _____

Condition of the above vehicles is Satisfactory. Condition of the above vehicles is Unsatisfactory.

ODOMETER READING END: _____ TOTAL MILES DRIVEN: _____ TOTAL HOURS ON-DUTY: _____

Driver's Signature: _____ Date & Time End: _____ / _____

Above Defects Corrected.
 Above Defects NEED NOT be corrected for safe operation of vehicle.

Mechanic's Signature: _____ Company _____ Date & Time: _____

Driver's Signature: _____ Date & Time: _____ / _____

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