

DRIVER VEHICLE INSPECTION REPORT

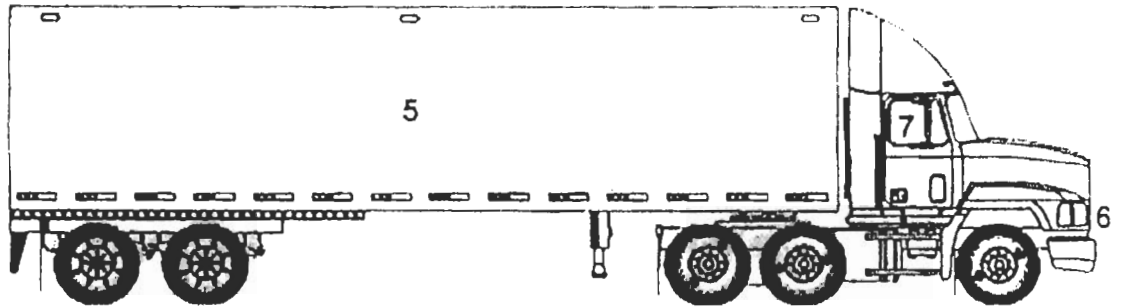
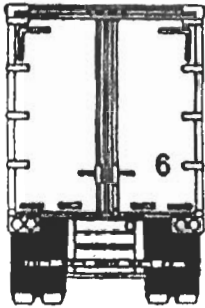
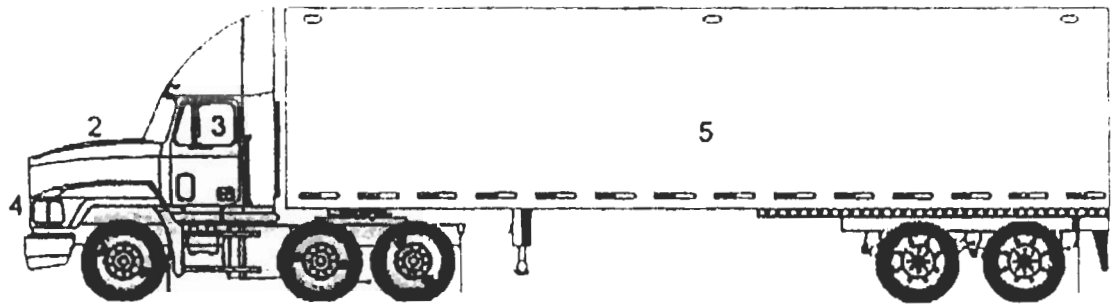
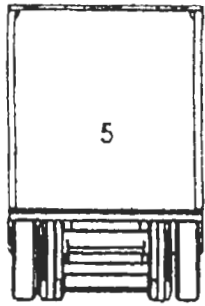
Driver: _____

Vehicle No _____ Trailer: _____

Driver: _____

Start Date: _____ End Date: _____

ITEMS TO CHECK	Drivers Report	Mechanics Report	ITEMS TO CHECK	Driver's Report	Mechanic's Report
Before Starting Engine			After Starting Engine		
Oil – if added insert # gals			Fuel System		
Fuel – if added insert # gal			Cooling System		
Coolant			Engine		
Brake Lines to Trailer			Leaks		
Electrical Lines to Trailer			Headlights		
Drive Lines			Tail Lights		
Coupling devices			Stop and Turn Lights		
Tires and Wheels			Clearance and Marker Lights		
Springs			Reflectors		
Body					
Glass			Air pressure warning device		
Emergency Equipment			Oil pressure		
Torches, Lanterns or Reflections			Ammeter		
Fuses			Horn		
Flags			Windshield Wipers		
Spare Bulbs			Parking Brakes		
Fuses			Clutch		
Fire Extinguisher			Transmission		
Tire Chains			Rear Vision Mirrors		
After Starting Engine (out of cab)			Steering		
FUEL SYSTEM					
			Service Brakes		
			Speedometer		
			Other Items		
DAILY MILEAGE RECORD					
Speedometer reading end of day					
Speedometer reading start of day			I MADE INSPECTION AS REQUIRED ON LISTED ITEMS (Drivers Signature)		
Total Miles Driven Today			I CERTIFY THAT REPAIRS CHECKED WERE MADE TODAY		
			Mechanics Signature:		
Date of Trailer Lubrication			Repair Order No:		
If on this trip					
Driver: USE V if item is satisfactory, USE X if item needs attention.					
Remarks:					



1. OVERVIEW

2. ENGINE COMPARTMENT

- FLUID LEVELS
- BELTS
- FLUID LEAKS
- BATTERY
- WIRING
- COMPRESSOR

3. INSIDE THE CAB

- START ENGINE
- GAUGES AND CONTROLS
- WINDOWS AND MIRRORS
- WINDSHIELD, WIPERS, AND WASHERS
- EMERGENCY EQUIPMENT
- PAPERWORK
- AIR BRAKE TESTS

4. CHECK LIGHTS

- HIGH AND LOW BEAMS
- FOUR-WAY FLASHERS

5. WALK-AROUND

- TURN SIGNALS
- TIRES
- WHEELS
- STEERING
- SUSPENSION
- FIFTH WHEEL
- COUPLING
- LANDING GEAR
- BRAKES
- AXLES
- LANDING GEAR
- SLIDERS
- FUEL TANK
- SPARE TIRE
- EXHAUST SYSTEM
- CARGO SECUREMENT

6. SIGNAL LIGHTS

7. BRAKE CHECK

TRAILER CONDITION REPORT

DATE: ____ / ____ / ____ PLACE: _____

DRIVER NAME: _____ #: _____ CITY, STATE: _____

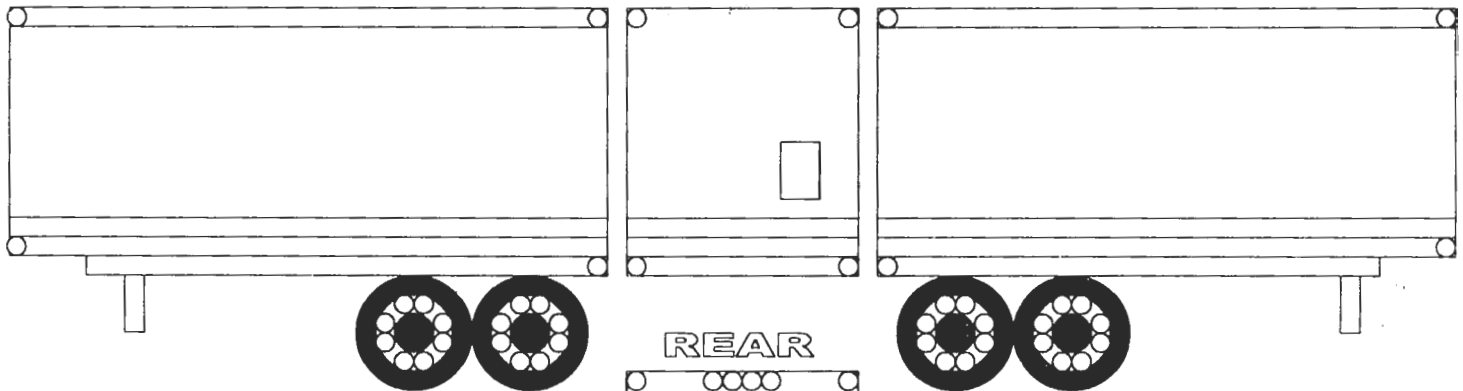
TRAILER #: _____ HUBOMETER MILES: _____

TRAILER LICENCE #: _____ CHECK ONE

PRO #: _____ [] LOADED
[] EMPTY

INDICATE BY " X " MARK THE DAMAGED PLACE ON THIS TRAILER

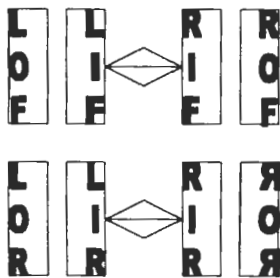
FRONT



FLOOR

ROOF

CIRCLE TIRE
CONTAINING
DAMAGE



CHECK ITEMS NEEDING REPAIR

- | | |
|-----------------------|------------------------|
| 1. () AXLE ALIGNMENT | 12. () LIGHT WIRING |
| 2. () AIR SYSTEM | 13. () NOSE RAIL |
| 3. () CROSSMEMBERS | 14. () RUB RAIL |
| 4. () BRAKES | 15. () ROOF |
| 5. () DOORS | 16. () SIDES |
| 6. () FLOOR | 17. () SHOCK ABSORBER |
| 7. () FRAME | 18. () SUSPENSION |
| 8. () HUBOMETER | 19. () UPPER COUPLE |
| 9. () ICC BUMPER | 20. () TIRES |
| 10. () LEG ASSEMBLY | 21. () WHEELS |
| 11. () LIGHTS | 22. () 30 DAY SERVICE |

COMMENTS _____

SIGNATURE _____
DATE: _____