

VEHICLE INSPECTION REPORT

PRE-TRIP DATE		TIME AM PM		DRIVER'S NAME		YARD LOCATION	
POST-TRIP DATE		TIME AM PM		DRIVER'S NAME		YARD LOCATION	
VEHICLE NUMBER		TRAILER NUMBER		SPEEDOMETER READING		TAG	

ITEM	PRE-TRIP	POST-TRIP	ITEM	PRE-TRIP	POST-TRIP	ITEM	PRE-TRIP	POST-TRIP
1. Leaks			20. Low Air Warning			40. Wheels and Lugs		
			21. Windshield Wipers			41. Exhaust System		
			22. Horn			42. Springs & Hangers		
			23. Seat Belts			43. Frame		
			24. Heater/Defroster			44. Battery & Cover		
2. Oil Level			25. Air Conditioner			45. PTO Pump & Fittings		
3. Coolant Level			26. General Cab Condition			46. Wheels Seals Leaking		
4. Accessory Belts (Engine)			27. Accident Report Kit			47. Body Damage		
5. Steering Linkage			28. Emergency Triangles			ALL TRAILERS		
6. Hood Latches			29. Fire Exting. & Bracket			48. Trailer Tags		
7. Fuel Level (Check Tank)			30. All Lights Working			49. Landing Gear		
8. Cab Steps & Doors			31. 4-Way Flashers/Reflectors			50. Mud Flaps		
9. Starting System			32. Foot Valve			51. External Valves Working		
10. Steering Free Play			33. Hand Valve			52. Ladders		
11. Clutch Free Travel			34. Hydraulic Fluid Level			53. Required Trailer Papers		
12. All Cab Glass			BRAKE SYSTEM			54. Data Spec. Plate		
13. Mirrors & Brackets			34. Parking Brake			55. Correct Placards - 4 Sides		
14. Tachometer			35. Tractor Protctn. Valve			56. Spare Tire Secured		
15. Speedometer			36. Air Leaks			VEHICLE APPEARANCE		
16. Water Temp. Gauge			37. Drums & Lining			57. Interior Clean		
17. Oil Pressure Gauge			38. Air Line & Connections			58. Exterior Clean		
18. Air Pressure Gauge			MISCELLANEOUS			59. Debris Removed		
19. Alternator Output			39. Tires: Condo & Pressure			60. Equipment Secured		

REMARKS:

IF NO DEFECTS AND DEFICIENCIES NOTED ON COMPLETE UNIT - Check Here ☐

I CERTIFY THAT ON THE ABOVE DATE I HAVE INSPECTED THE EQUIPMENT DESCRIBED ABOVE AND THAT THIS IS A TRUE AND CORRECT REPORT OF THE INSPECTION.	Driver's Signature <div style="text-align: center; font-size: 1.5em;">X</div>	Emp. No.
DISPATCHER OR SUPERVISOR ACTION:	If no defects were listed by driver - check here <input type="checkbox"/>	Dispatcher or Supervisor's Signature <div style="text-align: center; font-size: 1.5em;">X</div>

MAINTENANCE ACTION:

I certify that on the _____ day of _____, 20____, any defects listed by the reporting driver have been reviewed and Repairs Made <input type="checkbox"/> Repairs Unnecessary <input type="checkbox"/>			
Pre-trip W.O. No.	Location	Maint. Certified By <div style="text-align: center; font-size: 1.5em;">X</div>	Emp. No.
Pre-trip W.O. No.	Location	Maint. Certified By <div style="text-align: center; font-size: 1.5em;">X</div>	Emp. No.

REVIEWING DRIVER:	On the _____ day of _____, 20____, I certify that I have reviewed this inspection Report and there is a signed certification that the repairs have been made or that no repairs were necessary.	Driver's Signature <div style="text-align: center; font-size: 1.5em;">X</div>	Emp. No.
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MAINTENANCE RECORD/VEHICLE FILE

1311-25-4

1. Driver Copy

2. Supervisor Copy

3. Fleet Management Division Copy