

# Driver's Vehicle Inspection Report

## Driver's Vehicle Inspection Report Under 49 C.F.R. 396.11

**Driver's Inspection** - Check any defective item and give details under "Remarks."

Date: \_\_\_\_\_ Truck/Tractor No. \_\_\_\_\_

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Air Compressor<br><input type="checkbox"/> Air Lines<br><input type="checkbox"/> Battery<br><input type="checkbox"/> Brake Accessories<br><input type="checkbox"/> Brakes<br><input type="checkbox"/> Carburetor<br><input type="checkbox"/> Clutch<br><input type="checkbox"/> Defroster<br><input type="checkbox"/> Drive Line<br><input type="checkbox"/> Engine<br><input type="checkbox"/> Fifth Wheel<br><input type="checkbox"/> Front Axle<br><input type="checkbox"/> Fuel Tanks<br><input type="checkbox"/> Heater<br><input type="checkbox"/> Horn | <input type="checkbox"/> Lights<br>Head - Stop<br>Tail - Dash<br>Turn Indicators<br><input type="checkbox"/> Mirrors<br><input type="checkbox"/> Muffler<br><input type="checkbox"/> Oil Pressure<br><input type="checkbox"/> On-board Recorder<br><input type="checkbox"/> Radiator<br><input type="checkbox"/> Rear End<br><input type="checkbox"/> Reflectors | <input type="checkbox"/> Safety Equipment<br>Fire Extinguisher<br>Flags-Flares-Fuses<br>Spare Bulbs & Fuses<br>Spare Seal Beam<br><input type="checkbox"/> Springs<br><input type="checkbox"/> Starter<br><input type="checkbox"/> Steering<br><input type="checkbox"/> Tachograph<br><input type="checkbox"/> Tires<br><input type="checkbox"/> Transmission<br><input type="checkbox"/> Wheels<br><input type="checkbox"/> Windows<br><input type="checkbox"/> Windshield Wipers<br><input type="checkbox"/> Other |
|--|--|--|

- |                   |   |   |
|-------------------|---|---|
| Trailer No. _____ | <input type="checkbox"/> Doors<br><input type="checkbox"/> Hitch<br><input type="checkbox"/> Landing Gear<br><input type="checkbox"/> Lights - All<br><input type="checkbox"/> Roof | <input type="checkbox"/> Springs<br><input type="checkbox"/> Tarpaulin<br><input type="checkbox"/> Tires<br><input type="checkbox"/> Wheels<br><input type="checkbox"/> Other |
|-------------------|---|---|

- |                   |   |   |
|-------------------|---|---|
| Trailer No. _____ | <input type="checkbox"/> Doors<br><input type="checkbox"/> Hitch<br><input type="checkbox"/> Landing Gear<br><input type="checkbox"/> Lights - All<br><input type="checkbox"/> Roof | <input type="checkbox"/> Springs<br><input type="checkbox"/> Tarpaulin<br><input type="checkbox"/> Tires<br><input type="checkbox"/> Wheels<br><input type="checkbox"/> Other |
|-------------------|---|---|

Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

The Condition of the above vehicle(s) is/are Satisfactory

Driver's Printed Name: \_\_\_\_\_ Driver's Signature: \_\_\_\_\_

**Mechanics Certification** (Not Required if Condition of Vehicle(s) was/were Satisfactory):

Above defects were corrected.  Above defects need not be corrected for safe operation of the vehicle(s)

Mechanic's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Next Driver's Review** (Not Required if Condition of Vehicle(s) was/were Satisfactory):

Driver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note: This form is provided as a suggested format for performing and documenting a driver's vehicle inspection. A motor carrier may use any format for reporting a driver's vehicle inspection which complies with 396.11.**