

# DRIVER'S VEHICLE INSPECTION REPORT

COMPANY: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE: \_\_\_\_\_

TIME: \_\_\_\_\_ A.M. P.M.

VEHICLE: \_\_\_\_\_

ODOMETER READING: \_\_\_\_\_

Check items ( = Yes or satisfactory,  = No or unsatisfactory) and provide detail under "Comments" for those marked as unsatisfactory.

- |   |   |
|---|---|
| <input type="checkbox"/> Battery          | <input type="checkbox"/> Oil pressure         |
| <input type="checkbox"/> Body             | <input type="checkbox"/> Radiator             |
| <input type="checkbox"/> Brakes, parking  | <input type="checkbox"/> Rear end             |
| <input type="checkbox"/> Brakes, service  | <input type="checkbox"/> Reflectors           |
| <input type="checkbox"/> Clutch           | <input type="checkbox"/> Safety equipment     |
| <input type="checkbox"/> Defroster/heater | <input type="checkbox"/> Fire extinguisher    |
| <input type="checkbox"/> Engine           | <input type="checkbox"/> Reflective triangles |
| <input type="checkbox"/> Exhaust          | <input type="checkbox"/> Flares               |
| <input type="checkbox"/> Frame            | <input type="checkbox"/> First aid kit        |
| <input type="checkbox"/> Front axle       | <input type="checkbox"/> Suspension system    |
| <input type="checkbox"/> Fuel tank        | <input type="checkbox"/> Starter              |
| <input type="checkbox"/> Horn             | <input type="checkbox"/> Steering             |
| <input type="checkbox"/> Lights           | <input type="checkbox"/> Tires                |
| <input type="checkbox"/> Head             | <input type="checkbox"/> Tire chains          |
| <input type="checkbox"/> Stop             | <input type="checkbox"/> Transmission         |
| <input type="checkbox"/> Tail             | <input type="checkbox"/> Wheels and rims      |
| <input type="checkbox"/> Turn indicators  | <input type="checkbox"/> Windows              |
| <input type="checkbox"/> Mirrors          | <input type="checkbox"/> Windshield wipers    |
| <input type="checkbox"/> Muffler          | <input type="checkbox"/> Other _____          |

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CONDITION OF ABOVE VEHICLE IS ACCEPTABLE

Driver's signature: \_\_\_\_\_

- Above defects corrected  
 Above defects need not be corrected for safe operation of vehicle

Mechanics signature: \_\_\_\_\_ Date: \_\_\_\_\_

Driver's signature: \_\_\_\_\_ Date: \_\_\_\_\_

The information in this document was obtained from sources we believe to be reliable, but the document does not address every acceptable or possible safety procedure or regulation applicable to your business. Abnormal or unusual situations may warrant development of different or additional procedures. Keep in mind that we cannot and do not in any way undertake to provide you with legal advice, any assurance of regulatory compliance, nor to assume your legal obligations to your employees or others. Those things remain your responsibilities.