

[INSERT  
YOUR LOGO  
HERE]

[Company Name]  
[Street Address]  
[City, State ZIP]  
[Phone Number]

# DRIVER VEHICLE INSPECTION REPORT

## DRIVER NAME

(Print in block letters)

Last: \_\_\_\_\_

First: \_\_\_\_\_

### START

Odometer: \_\_\_\_\_

Hours: \_\_\_\_\_

Truck #: \_\_\_\_\_

### FINISH

Odometer: \_\_\_\_\_

Hours: \_\_\_\_\_

Check if no defects noted

Involved in accident

Code	Fluid / Fuel	Check/Add
CC	Fuel (DI/CN/LN/UN)	
HF	Hydraulic Oil	
MO	Motor Oil	
AF	Antifreeze	
TF	Transmission Fluid	
PS	Power Steering Fluid	
UR	Diesel Exhaust Fluid (DEF)	

### PRE-TRIP INSPECTION

- License Plate(s), Registration, Insurance, Permits
- Emergency Equipment, Spill Kit, Fire Extinguisher
- Windshield Wipers, Speedometer, Horn
- Steering Mechanism
- Engine Oil, Fuel, Coolant, Power Steering, Trans.
- Exhaust System
- Service Brakes and All Connections
- Parking (Hand) Brake(s)
- Tires, Wheels and Rims, Hub Oil, Lug Nuts
- Lighting Devices and Reflectors
- Camera, Backing and Safety Alarms, Strobes
- Coupling Devices, Load Security, Tarper
- Vehicle Damage, Windshield, Mirrors
- Washer Fluid

### POST-TRIP INSPECTION

- License Plate(s), Registration, Insurance, Permits
- Emergency Equipment, Spill Kit, Fire Extinguisher
- Windshield Wipers, Speedometer, Horn
- Steering Mechanism
- Engine Oil, Fuel, Coolant, Power Steering, Trans.
- Exhaust System
- Service Brakes and All Connections
- Parking (Hand) Brake(s)
- Tires, Wheels and Rims, Hub Oil, Lug Nuts
- Lighting Devices and Reflectors
- Camera, Backing and Safety Alarms, Strobes
- Coupling Devices, Load Security, Tarper
- Vehicle Damage, Windshield, Mirrors
- Washer Fluid

Inspection performed; all items in working order or defects noted below.

Inspection performed; all items in working order or defects noted below.

Driver Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Driver Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

### DEFECTS / DEFICIENCIES NOTED

### MECHANIC CERTIFICATION (if defects noted)

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

Mechanic Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Next Driver Review: \_\_\_\_\_ Date: \_\_\_\_\_

A