DRIVER'S VEHICLE INSPECTION REPORT

DRIVER _____ TOTAL HOURS _____
TIME OUT _____ TIME RETURNED _____ DATE _____
TRACTOR _____ BEGINNING MILEAGE _____ ENDING MILEAGE _____

√ CHECK ANY DEFECTS NOTED BELOW

	PARKING (HAND) BRAKE		WHEELS AND RIMS
	STEERING MECHANISM		EMERGENCY EQUIPMENT
	LIGHTS AND REFLECTORS		ENGINE
	TIRES		TRANSMISSION
	HORN		CLUTCH
	WINDSHIELD WIPERS		EXHAUST
	REAR VIEW MIRRORS		BRAKES
	COUPLING DEVICES		COOLING AND OIL PRESSURE

EXPLAIN IN DETAIL ANY DEFECTS CHECKED (TRACTOR ONLY)

IF NO DEFECTS – WRITE "NONE"

EXPLAIN IN DETAIL ANY TRAILER DEFECTS

TRAILER NO. _____	TRAILER NO. _____
I HAVE INSPECTED THE ABOVE UNIT AND REPORTED ALL DEFECTS KNOWN TO ME.	DRIVER'S SIGNATURE DATE
I HAVE REVIEWED THE PREVIOUS REPORT AND NEEDED REPAIRS OF SAFETY DEFECTS ON THIS TRACTOR HAVE BEEN MADE.	NEXT TRIP DRIVER'S SIGNATURE DATE
I HAVE MADE ALL NEEDED REPAIRS OF THE DEFECTS REPORTED ON THIS UNIT.	REPAIRMAN'S SIGNATURE DATE

DRIVER _____ TOTAL HOURS _____
TIME OUT _____ TIME RETURNED _____ DATE _____
TRACTOR _____ BEGINNING MILEAGE _____ ENDING MILEAGE _____

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	STEERING MECHANISM		EMERGENCY EQUIPMENT
	LIGHTS AND REFLECTORS		ENGINE
	TIRES		TRANSMISSION
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