

**DAILY DRIVER INSPECTION REPORT**

Have each driver complete this report after his/her daily shift.

**At the end of your shift**

Each driver must prepare a report at the end of each shift that lists the parts and accessories inspected by the driver. Note any defects, deficiencies and/or corrective action taken to repair such defects or deficiencies.

Check any defective item and give details under "Remarks." Signature and date required:

Truck / Tractor No.:	1	Odometer:	10000
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- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Air compressor                                       | <input checked="" type="checkbox"/> Lighting devices & reflectors |
| <input checked="" type="checkbox"/> Air lines  | <input checked="" type="checkbox"/> Mirrors                       |
| <input checked="" type="checkbox"/> Brakes: Parking (hand) brake                         | <input checked="" type="checkbox"/> Oil pressure                  |
| <input checked="" type="checkbox"/> Brakes: Service brakes including trailer connections | <input checked="" type="checkbox"/> Steering mechanism            |
| <input checked="" type="checkbox"/> Battery  | <input checked="" type="checkbox"/> Tires                         |
| <input checked="" type="checkbox"/> Coupling devices                                     | <input checked="" type="checkbox"/> Transmission                  |
| <input checked="" type="checkbox"/> Emergency equipment                                  | <input checked="" type="checkbox"/> Wheels and Rims               |
| <input checked="" type="checkbox"/> Fuel tanks   | <input checked="" type="checkbox"/> Windshield wipers             |
| <input checked="" type="checkbox"/> Horn   | <input checked="" type="checkbox"/> Other                         |

Trailer(s) No.(s):	1
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- |   |  |   |
|---|--|---|
| <input checked="" type="checkbox"/> Brakes              | <input checked="" type="checkbox"/> Landing gear | <input checked="" type="checkbox"/> Springs |
| <input checked="" type="checkbox"/> Coupling devices    | <input checked="" type="checkbox"/> Lights       | <input checked="" type="checkbox"/> Wheels  |
| <input checked="" type="checkbox"/> Coupling (king) pin | <input checked="" type="checkbox"/> Roof         | <input checked="" type="checkbox"/> Other   |
| <input checked="" type="checkbox"/> Doors               | <input checked="" type="checkbox"/> Tarpaulin    |   |
| <input checked="" type="checkbox"/> Hitch               | <input checked="" type="checkbox"/> Tires        |   |

**Remarks:** It don't smell so good. Furthermore, every single item in the list was found to be defective.

During the inspection the trailer exploded, and three people died. Also, the truck is possessed by Satan and murdered my family. I cannot, in good conscience, assert that this equipment passes inspection.

- ☒ Condition of the above vehicle is satisfactory

<http://sss.com/image.png>

Driver's signature (**End of shift**)

(parse date format, don't know)

Date

**At the beginning of your shift**

Before beginning your trip, review the above inspection report and sign to verify that the vehicle is in proper working order and that all necessary repairs have been made.

- ☒ Above defects corrected
- ☒ Above defects need not be corrected for safe operation of vehicle
- ☒ No defects to report

Mechanic's signature

Date

<http://sss.com/image.png>

Driver's signature (**Beginning of shift**)

(parse date format, don't know)

Date

**Employer Keeps Original, Provides Scan or Copy to Retain in Vehicle**