

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.:	Odometer:
<input type="checkbox"/> Air compressor <input type="checkbox"/> Air lines <input type="checkbox"/> Brakes: Parking (hand) brake <input type="checkbox"/> Brakes: Service brakes including trailer connections <input type="checkbox"/> Battery <input type="checkbox"/> Coupling devices <input type="checkbox"/> Emergency equipment <input type="checkbox"/> Fuel tanks <input type="checkbox"/> Horn	<input type="checkbox"/> Lighting devices & reflectors <input type="checkbox"/> Mirrors <input type="checkbox"/> Oil pressure <input type="checkbox"/> Steering mechanism <input type="checkbox"/> Tires <input type="checkbox"/> Transmission <input type="checkbox"/> Wheels and Rims <input type="checkbox"/> Windshield wipers <input type="checkbox"/> Other

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

Remarks: _____

☐ Condition of the above vehicle is satisfactory

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

_____ 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

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

Date

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

VMF 4 - DAILY DRIVER INSPECTION REPORT

Retain for 3 months