

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

Trailer(s) No.(s): 123
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- |  |                                       |                                  |
|--|---------------------------------------|----------------------------------|
| <input type="checkbox"/> Brakes              | <input type="checkbox"/> Landing gear | <input type="checkbox"/> Springs |
| <input type="checkbox"/> Coupling devices    | <input type="checkbox"/> Lights       | <input type="checkbox"/> Wheels  |
| <input type="checkbox"/> Coupling (king) pin | <input type="checkbox"/> Roof         | <input type="checkbox"/> Other   |
| <input type="checkbox"/> Doors               | <input type="checkbox"/> Tarpaulin    |                                  |
| <input type="checkbox"/> Hitch               | <input type="checkbox"/> Tires        |                                  |

Remarks: It don't smell so good

- ☐ 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**