

Vehicle Location: _____

Date: _____ Time: _____ AM / PM

Tractor # _____ Odometer _____

Trailer # _____ Odometer _____

- | | | |
|--|---|---|
| <input type="checkbox"/> Air Compressor
<input type="checkbox"/> Air Lines
<input type="checkbox"/> Battery
<input type="checkbox"/> Body
<input type="checkbox"/> Brake Accessories
<input type="checkbox"/> Brakes, Parking
<input type="checkbox"/> Brakes, Service
<input type="checkbox"/> Clutch
<input type="checkbox"/> Coupling Devices
<input type="checkbox"/> Defroster/Heater
<input type="checkbox"/> Exhaust
<input type="checkbox"/> Fifth Wheel
<input type="checkbox"/> Frame and Assembly
<input type="checkbox"/> Front Axle
<input type="checkbox"/> Horn
<input type="checkbox"/> Lights <ul style="list-style-type: none"> • Interior Dash • Head • Stop • Tail • Brake • Backup | <ul style="list-style-type: none"> • Turn Indicators • Clearance • Rear Work <input type="checkbox"/> Mirrors
<input type="checkbox"/> Muffler/Stacks
<input type="checkbox"/> Rear End
<input type="checkbox"/> Reflectors
<input type="checkbox"/> Safety Equipment <ul style="list-style-type: none"> • Fire Extinguisher • Reflective Triangles • Flags–Flares • Fuses • Spare Bulbs <input type="checkbox"/> Suspension System
<input type="checkbox"/> Steering
<input type="checkbox"/> Tires
<input type="checkbox"/> Wheels and Rims
<input type="checkbox"/> Windows
<input type="checkbox"/> Windshield Wipers
<input type="checkbox"/> Fuel Tanks
<input type="checkbox"/> Other _____ | <p style="text-align: center;"><u>Trailer Inspection</u></p> <input type="checkbox"/> Brakes
<input type="checkbox"/> Conspicuity Tape
<input type="checkbox"/> Cooling Unit
<input type="checkbox"/> Coupling (King) Pin
<input type="checkbox"/> Fuel Tank
<input type="checkbox"/> Hitch
<input type="checkbox"/> Dolly Wheels
<input type="checkbox"/> Lights <ul style="list-style-type: none"> • Clearance • Turn Indicators • Mid-Body Turn • Tail • Brake • Backup <input type="checkbox"/> Spare Tire
<input type="checkbox"/> Suspension System
<input type="checkbox"/> Tires
<input type="checkbox"/> Wheels and Rims
<input type="checkbox"/> Other _____ |
|--|---|---|

Comments

The vehicle described above was inspected; no deficiencies or defects noted.

Driver's Signature _____ Date _____

The defects checked above have been corrected.

The defects checked above are not in need of repair for safe operation of vehicle.

Mechanic's Signature _____ Date _____

Driver's Signature _____ Date _____