

Driver Vehicle Inspection Report

Vehicle Number: _____ Date: _____ / _____ / ____

- Registration
- Insurance Card
- Battery
- Brakes (service and emergency) and fluid
- Defroster/Heater/AC
- Fuel tank and cap
- Hitch and chains
- Horn
- Mirrors
- Mufflers/exhaust
- Occupant restraints
- Oil fluid level
- Steering
- Suspensions
- Tires (tread and air pressure)
- Transmission and fluid level
- Windshield, wipers, and fluid
- Lights:
 - Headlights
 - Turn Signals
 - Tail lights
 - Emergency

When Used as a Commercial Motor Vehicle:

- Driver's medical card
- DOT number and Company Name
- Haz Mat Registration
- Emergency Response Guide
- Safety Equipment
 - Fire Extinguisher
 - Triangles
 - Electrical fuses
- Load Securement devices
- ELD
 - Extra Paper Logs
 - Instruction sheet
 - Manual

Remarks:

- Condition of the above vehicle(s) is satisfactory
- Vehicle Defects need not be corrected for safe operation

Driver's Signature: