## **Driver's Vehicle Inspection Report**

Date:	Time: :	am/pm	am/pm Odometer:			Location:	
Vehicle							
Make:	Model: Plate# or Ur			t#		Trailer Plate# or Unit#	
Trailer Plate# or Unit#  Trailer Plate# or Unit#  Truck/Tractor/Trailer  Check Any Defective Item and Gi						Trailer Plate# or Unit#	
o Air Brake System					General		
				o Glass & Mirrors			
	o Cargo Securement			o Heater/Defroster			
o Coupling Device				o Horn			
o Dangerous Goods			Hydraulic Brake System				
o Driver Controls				o Lamps & Reflectors			
o Driver Seat			o Steering				
o Electric Brake				o Suspension System			
o Emergency Equipment & Safety Devices				o Tires			
o Exhaust System				<ul> <li>Wheels, Hubs, and Fasteners</li> </ul>			
o Frame & Cargo Body			<ul> <li>Windshield Wiper/Washer</li> </ul>				
0 I	Fuel System						
Condition  No Defects/Major Defects Found Above Defects Corrected Above Defects need not be corrected for safe operation of vehicle  o I declare that the vehicle(s) listed above has/have been inspected in accordance with the applicable requirement of Schedule 1							
Delegate	Delegate Name:Deleg				gate Signature:		
License Technician Name: License Technician					hnician N	Jame <u>:</u>	
Remarks:							