

Vehicle Location: _____

Date: _____ Time: _____ AM / PM

Tractor # _____ Odometer _____

Trailer # _____ Odometer _____

- | | | |
|---|---|--|
| <input type="checkbox"/> Air Compressor | <input type="checkbox"/> Turn Indicators | <u>Trailer Inspection</u> |
| <input type="checkbox"/> Air Lines | <input type="checkbox"/> Clearance | <input type="checkbox"/> Brakes |
| <input type="checkbox"/> Battery | <input type="checkbox"/> Rear Work | <input type="checkbox"/> Conspicuity Tape |
| <input type="checkbox"/> Body | <input type="checkbox"/> Mirrors | <input type="checkbox"/> Cooling Unit |
| <input type="checkbox"/> Brake Accessories | <input type="checkbox"/> Muffler/Stacks | <input type="checkbox"/> Coupling (King) Pin |
| <input type="checkbox"/> Brakes, Parking | <input type="checkbox"/> Rear End | <input type="checkbox"/> Fuel Tank |
| <input type="checkbox"/> Brakes, Service | <input type="checkbox"/> Reflectors | <input type="checkbox"/> Hitch |
| <input type="checkbox"/> Clutch | <input type="checkbox"/> Safety Equipment | <input type="checkbox"/> Dolly Wheels |
| <input type="checkbox"/> Coupling Devices | <input type="checkbox"/> Fire Extinguisher | <input type="checkbox"/> Lights |
| <input type="checkbox"/> Defroster/Heater | <input type="checkbox"/> Reflective Triangles | <input type="checkbox"/> Clearance |
| <input type="checkbox"/> Exhaust | <input type="checkbox"/> Flags-Flares | <input type="checkbox"/> Turn Indicators |
| <input type="checkbox"/> Fifth Wheel | <input type="checkbox"/> Fuses | <input type="checkbox"/> Mid-Body Turn |
| <input type="checkbox"/> Frame and Assembly | <input type="checkbox"/> Spare Bulbs | <input type="checkbox"/> Tail |
| <input type="checkbox"/> Front Axle | <input type="checkbox"/> Suspension System | <input type="checkbox"/> Brake |
| <input type="checkbox"/> Horn | <input type="checkbox"/> Steering | <input type="checkbox"/> Backup |
| <input type="checkbox"/> Lights | <input type="checkbox"/> Tires | <input type="checkbox"/> Spare Tire |
| <input type="checkbox"/> Interior Dash | <input type="checkbox"/> Wheels and Rims | <input type="checkbox"/> Suspension System |
| <input type="checkbox"/> Head | <input type="checkbox"/> Windows | <input type="checkbox"/> Tires |
| <input type="checkbox"/> Stop | <input type="checkbox"/> Windshield Wipers | <input type="checkbox"/> Wheels and Rims |
| <input type="checkbox"/> Tail | <input type="checkbox"/> Fuel Tanks | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Brake | <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Backup | | |

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 _____