

DRIVER'S VEHICLE CONDITION REPORT

Name of Motor Carrier _____

Company Vehicle Number _____

(Date) _____

REPORT AFTER DAILY TRIP

	Driver's Report*	Mechanic's Report*
Mileage Reading On Speedometer (insert)		
Before Starting Engine:		
Oil, If Added, Insert No. Of Quarts		
Water		
Gasoline, If Added, Insert No. Of Gallons		
Brake Lines To Trailers		
Electric Lines To Trailers		
Drive Line		
Coupling Devices		
Tires And Wheels		
Springs		
Body And Load		
Glass		
Emergency Equipment:		
Torches, Lanterns, Or Reflectors		
Fuses		
Fusees		
Flags		
Spare Bulbs		
Fire Extinguisher		
Flares		
First-Aid Kit (buses)		
Axe (buses)		
After Starting Engine (out of cab):		
Fuel System		
Cooling System		
Engine		
Leaks		
Lights:		
Head		
Tail		
Stop		
Clearance And Marker		
Reflectors		
After Starting Engine (in cab):		
Oil Pressure		
Ammeter		
Horn		
Windshield Wipers		
Parking Brakes		
Clutch		
Transmission		
Rear Vision Mirrors		
Steering		
Service Brakes		
Speedometer		
Other Items Requiring Attention		
(Driver's Name) _____		

*Drivers should (√) items which are satisfactory and (x) items which are not, and explain defects next to the x or if there is insufficient room, on other side of form. Items which are marked (x) by the driver must show a (√) with mechanic's initials indicating correction, before continuance of operation and a short explanation of the repairs complete either next to the √ or if there is insufficient room, on other side of form.

Mechanic's Signature _____

Driver's Acknowledgement of Repair _____

USE REVERSE SIDE FOR REMARKS