

**Staffmark Transportation
Driver's Vehicle Inspection Report**

Motor Carrier Address: _____ **City:** _____ **State:** _____ **Zip:** _____
Name of Driver Performing Inspection: _____ **Signature:** _____
Date: ____/____/____ **Time:** _____ AM / PM **Truck #:** _____ **Odometer:** _____

Check any defective item and give details under "Remarks."

POWER UNIT

- | | | |
|---|--|---|
| <input type="checkbox"/> Air Compressor | <input type="checkbox"/> Horn | <input type="checkbox"/> Suspension System |
| <input type="checkbox"/> Air Lines | <input type="checkbox"/> Lights | <input type="checkbox"/> Starter |
| <input type="checkbox"/> Battery | <input type="checkbox"/> Head/Stop | <input type="checkbox"/> Steering |
| <input type="checkbox"/> Body | <input type="checkbox"/> Tail/Dash | <input type="checkbox"/> Tachograph |
| <input type="checkbox"/> Brake Accessories | <input type="checkbox"/> Turn Indicators | <input type="checkbox"/> Tires |
| <input type="checkbox"/> Brakes, Parking | <input type="checkbox"/> Mirrors | <input type="checkbox"/> Transmission |
| <input type="checkbox"/> Brakes, Service | <input type="checkbox"/> Muffler | <input type="checkbox"/> Wheels / Rims |
| <input type="checkbox"/> Clutch | <input type="checkbox"/> Oil Pressure | <input type="checkbox"/> Windows |
| <input type="checkbox"/> Coupling Devices | <input type="checkbox"/> Radiator | <input type="checkbox"/> Windshield Wipers |
| <input type="checkbox"/> Defroster / Heater | <input type="checkbox"/> Rear End | <input type="checkbox"/> Drive Line |
| <input type="checkbox"/> Reflectors | <input type="checkbox"/> Engine | <input type="checkbox"/> Safety Equipment |
| <input type="checkbox"/> Exhaust | <input type="checkbox"/> Fifth Wheel | <input type="checkbox"/> Fire Extinguisher |
| <input type="checkbox"/> Frame & Assembly | <input type="checkbox"/> Front Axle | <input type="checkbox"/> Reflective Triangles |
| <input type="checkbox"/> Fuel Tanks | <input type="checkbox"/> Registration | <input type="checkbox"/> Proof of Insurance |

TRAILER(S) NUMBER(S): _____

- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> Brake Connections | <input type="checkbox"/> Landing Gear | <input type="checkbox"/> Tires |
| <input type="checkbox"/> Brakes | <input type="checkbox"/> Lights | <input type="checkbox"/> Wheels / Rims |
| <input type="checkbox"/> King Pin | <input type="checkbox"/> Roof | <input type="checkbox"/> Suspension System |
| <input type="checkbox"/> Doors | <input type="checkbox"/> Registration | |

REMARKS

Condition of the above vehicle(s) is satisfactory.

Reviewing Driver's Signature: _____ Date: ____/____/____
(Sign only if condition of this vehicle is satisfactory)

Defects noted above do not need to be corrected for safe operation of the vehicle(s).

Defects noted above have been corrected.

Driver's Signature Verifying Defects Corrected: _____ Date: ____/____/____

Mechanic's Signature Verifying Defects Corrected: _____ Date: ____/____/____