

## Driver's Daily Vehicle Inspection Report (DDVIR)

Date of Inspection: 05/19/05

Odometer End: 189725

**Tractor Inspection: (Only check those items which are defective)**

Odometer Start: 189038

Total Miles/KM: 687

Tractor #: 88888 Tractor License #: 54321-USA

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Air Compressor<br><input type="checkbox"/> Air Lines (all)<br><input type="checkbox"/> Batteries<br><input type="checkbox"/> Brake System<br><input type="checkbox"/> Brakes - Air Loss Rate<br><input type="checkbox"/> Brakes - Low Pressure Warning Device<br><input type="checkbox"/> Brakes - Out of Adjustment<br><input type="checkbox"/> Brakes - Parking<br><input type="checkbox"/> Brakes - Service<br><input type="checkbox"/> Brakes - Tractor Protection System<br><input type="checkbox"/> Clutch<br><input type="checkbox"/> Coupling Devices<br><input type="checkbox"/> Lower fifth wheel<br><input type="checkbox"/> Upper fifth wheel<br><input type="checkbox"/> Sliding fifth wheel<br><input type="checkbox"/> Drive Line<br><input type="checkbox"/> Emergency Equipment<br><input checked="" type="checkbox"/> Fire Extinguisher (min 10 BC)<br><input type="checkbox"/> Reflective Triangle (min 3)<br><input type="checkbox"/> Spare Fuses - Flags - Flares<br><input type="checkbox"/> Spare Bulbs - Fuses(s)<br><input type="checkbox"/> Spare Seal Beam | <input type="checkbox"/> Emergency Exits (If Installed)<br><input type="checkbox"/> Engine<br><input type="checkbox"/> Exhaust Systems<br><input type="checkbox"/> Heater/Defroster System<br><input type="checkbox"/> Frame/Body/Assembly<br><input type="checkbox"/> Fuel Systems<br><input type="checkbox"/> Fuel Tank(s)<br><input type="checkbox"/> Horn(s)<br><input type="checkbox"/> Air Horn<br><input type="checkbox"/> City Horn<br><input type="checkbox"/> Leak(s)<br><input type="checkbox"/> Air Leak(s)<br><input type="checkbox"/> Fuel Leak(s)<br><input type="checkbox"/> Lights (all)<br><input type="checkbox"/> Lights - Brake Lamps (red)<br><input type="checkbox"/> Lights - 4-Way Flashers<br><input type="checkbox"/> Lights - Headlights<br><input type="checkbox"/> Lights - Markers (red)<br><input type="checkbox"/> Lights - Turn Signals (amber)<br><input type="checkbox"/> Mirrors (all)<br><input type="checkbox"/> Muffler<br><input type="checkbox"/> Oil Pressure/Ampmeter | <input type="checkbox"/> Radiator<br><input type="checkbox"/> Rear End<br><input type="checkbox"/> Reflectors (red)<br><input type="checkbox"/> Safe Loading<br><input type="checkbox"/> Seat(s)<br><input type="checkbox"/> Seat Belts Driver/Passenger<br><input type="checkbox"/> Seat Belts (Sleeper)<br><input type="checkbox"/> Secured (loose items)<br><input type="checkbox"/> Starter<br><input type="checkbox"/> Steering Mechanism<br><input type="checkbox"/> Steering Wheel (play)<br><input type="checkbox"/> Suspension System<br><input type="checkbox"/> Tachograph/Speedometer<br><input type="checkbox"/> Tires<br><input type="checkbox"/> Tire Chains/Cables<br><input type="checkbox"/> Tires Studs<br><input type="checkbox"/> Transmission<br><input type="checkbox"/> Vehicle Annual Insp Expired<br><input type="checkbox"/> Wheels, Rims and Hubs<br><input type="checkbox"/> Windshield Wipers<br><input type="checkbox"/> Windows/Visibility<br><input type="checkbox"/> Other (describe in remarks) |
|--|---|--|

Remarks: Fire Extinguisher used . Needs to be re-charged.

**Trailer(s)/Towed Unit Inspection: (Only check those items which are defective)**

Trailer(1) #: <u>20232</u>	Trailer License(1) #: <u>986546-MO</u>	Hub Reading(1): <u>222222</u>
Trailer(2) #: <u>99999</u>	Trailer License(2) #: <u>12345-USA</u>	Hub Reading(2): <u>33333</u>
Trailer(3) #: _____	Trailer License(3) #: _____	Hub Reading(3): _____

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| <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |     |     |     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |     |     |     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |     |     |     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |     |     |     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |     |     |     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |     |     |     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |     |     |     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |     |     |     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| T-1   | T-2                      | T-3                      |     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |     |     |     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |     |     |     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |     |     |     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |     |     |     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |     |     |     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |     |     |     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |     |     |     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |     |     |     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |     |     |     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |     |     |     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |     |     |     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |     |     |     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |     |     |     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |     |     |     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |     |     |     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |     |     |     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |     |     |     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |     |     |     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
| <input type="checkbox"/>  | <input type="checkbox"/> | <input type="checkbox"/> |     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |     |     |     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |   |     |     |     |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |

Remarks: \_\_\_\_\_

**PRE-TRIP INSPECTION**  **NO DEFECTS** -- I have detected no defect, or deficiency in this motor vehicle, or towed unit that would be likely to affect the safety of its operation, or result in its mechanical breakdown.  
 **DEFECTS FOUND** -- I have detected the following defects, or deficiencies in this motor vehicle, or towed unit that would be likely to affect the safety of its operation, or result in its mechanical breakdown.

Time: 10:15 A.M. \_\_\_\_\_ P.M. Drivers Signature: I.M. Sample Driver I. M. Sample Driver

**POST-TRIP INSPECTION**  **NO DEFECTS** -- I have detected no defect, or deficiency in this motor vehicle, or towed unit that would be likely to affect the safety of its operation, or result in its mechanical breakdown.  
 **DEFECTS FOUND** -- I have detected the following defects, or deficiencies in this motor vehicle, or towed unit that would be likely to affect the safety of its operation, or result in its mechanical breakdown.

Time: \_\_\_\_\_ A.M. 23:59 P.M. Drivers Signature: I.M. Sample Driver I. M. Sample Driver

Time: \_\_\_\_\_ A.M. \_\_\_\_\_ P.M. Reviewed by: \_\_\_\_\_

- Above defect(s) corrected.  
 Above defect(s) need not be corrected for safe operation of vehicle

Motor Carrier's Name:  
**Sample Bros. Trucking**

Motor Carrier's Address:  
**1234 Small St. Middleton, PA 10980**

Reviewed by Signature: \_\_\_\_\_

- Above defect(s) corrected.  
 Above defect(s) need not be corrected for safe operation of vehicle

Mechanic Signature or Shop Name and Invoice Number:

**PETRO # 000 -- Invoice # 000000**

Shop Address:  
**Any Town, USA**