

Driver Pre & Post-Trip Inspection Checklist

Vehicle # or (Make/Model/Year):	Odometer Milage:
Trailer #:	
Inspection Date:	Time and Weather Conditions:
<i>Check any item that needs attention. Provide details under comments area.</i>	

Tires & Rims		
Satisfactory	Maintenance Required	
<input type="checkbox"/>	<input type="checkbox"/>	Proper inflation
<input type="checkbox"/>	<input type="checkbox"/>	Adequate tread
<input type="checkbox"/>	<input type="checkbox"/>	Spare inflated
Leaks (Inspect underneath)		
Satisfactory	Maintenance Required	
<input type="checkbox"/>	<input type="checkbox"/>	Oil/fluids
<input type="checkbox"/>	<input type="checkbox"/>	Fuel tanks
Gauges		
Satisfactory	Maintenance or replacement Required	
<input type="checkbox"/>	<input type="checkbox"/>	Fuel
<input type="checkbox"/>	<input type="checkbox"/>	Temperature
<input type="checkbox"/>	<input type="checkbox"/>	Interior warning lights
Lighting System		
Satisfactory	Maintenance or replacement Required	
<input type="checkbox"/>	<input type="checkbox"/>	Headlights
<input type="checkbox"/>	<input type="checkbox"/>	Brake lights
<input type="checkbox"/>	<input type="checkbox"/>	Turn signals
<input type="checkbox"/>	<input type="checkbox"/>	Hazard lights
<input type="checkbox"/>	<input type="checkbox"/>	Reflectors
Safety Equipment		
OK	Maintenance or replacement Required	
<input type="checkbox"/>	<input type="checkbox"/>	Fire extinguisher
<input type="checkbox"/>	<input type="checkbox"/>	Reflective triangles/flares
<input type="checkbox"/>	<input type="checkbox"/>	Spare bulbs/fuses
<input type="checkbox"/>	<input type="checkbox"/>	Emergency contact info
<input type="checkbox"/>	<input type="checkbox"/>	Cell phone/two-way radio

Trailers		
OK	Maintenance Required	
<input type="checkbox"/>	<input type="checkbox"/>	Brake connections
<input type="checkbox"/>	<input type="checkbox"/>	Coupling chains
<input type="checkbox"/>	<input type="checkbox"/>	Coupling king pin
<input type="checkbox"/>	<input type="checkbox"/>	Doors
<input type="checkbox"/>	<input type="checkbox"/>	Landing gear
<input type="checkbox"/>	<input type="checkbox"/>	Tires/wheels
Other Safety Equipment		
OK	Maintenance Required	
<input type="checkbox"/>	<input type="checkbox"/>	Windshield wipers
<input type="checkbox"/>	<input type="checkbox"/>	Fans and defroster
<input type="checkbox"/>	<input type="checkbox"/>	Brake system
<input type="checkbox"/>	<input type="checkbox"/>	Mirrors
<input type="checkbox"/>	<input type="checkbox"/>	Horn
<input type="checkbox"/>	<input type="checkbox"/>	Exhaust system
<input type="checkbox"/>	<input type="checkbox"/>	Seat belts
<input type="checkbox"/>	<input type="checkbox"/>	IFTA stickers
<input type="checkbox"/>	<input type="checkbox"/>	NY HUT stickers
<input type="checkbox"/>	<input type="checkbox"/>	License plate(s)
<input type="checkbox"/>	<input type="checkbox"/>	State inspection (PA only)
<input type="checkbox"/>	<input type="checkbox"/>	Truck #
<input type="checkbox"/>	<input type="checkbox"/>	DOT/MC #s
Comments		

- Condition of vehicle is acceptable and legal
- Defects noted above have been repaired
- Defects noted above need not be repaired for safe operation of vehicle

Driver's Signature: _____

Driver Name: _____

Date: _____

Co-Driver's Signature: _____

Co-Driver Name: _____

Date: _____