

VEHICLE #: \_\_\_\_\_

DATE: \_\_\_\_\_

## Driver Vehicle Inspection Report

*\*Must be completed daily for each DOT Regulated Vehicle.*

### REVIEW AND CERTIFICATION

- By checking this box, I certify that in accordance with 396.13(b), I have reviewed the last driver vehicle inspection report. In accordance with 396.13(c), I certify that if defects requiring repair were listed on that report, I have verified the repair and signed off on the original complaint.

### INSPECTION

Check any defective items and give details under remarks.

- |   |   |
|---|---|
| <input type="checkbox"/> Service brakes including trailer brake connections | <input type="checkbox"/> Windshield Wipers              |
| <input type="checkbox"/> Parking brake                                      | <input type="checkbox"/> Rear vision mirrors            |
| <input type="checkbox"/> Steering mechanism                                 | <input type="checkbox"/> Coupling devices if applicable |
| <input type="checkbox"/> Lighting devices and reflectors                    | <input type="checkbox"/> Wheels and Rims                |
| <input type="checkbox"/> Tires  | <input type="checkbox"/> Emergency Equipment            |
| <input type="checkbox"/> Horn   |   |

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

### STATUS AND REVIEW

- SATISFACTORY – by checking this box, I certify that in accordance with 396.11, I have NOT discovered any defect that would affect the safe operation of the vehicle or may result in its breakdown.
- UNSATISFACTORY – by checking this box, I certify that in accordance with 396.11, I have discovered at least one defect that would affect the safe operation of the vehicle or may result in its breakdown. This vehicle will be placed out of service and shall not be operated until the certification below is complete.

Driver Signature: \_\_\_\_\_

### CORRECTIVE ACTION

- By checking this box, I certify that in accordance with 396.11(3), repairs are UNNECESSARY for the safe operation of the motor vehicle.
- By checking this box, I certify that in accordance with 396.11(3)(i) the following repairs have been completed. Any repairs not completed are UNNECESSARY for the safe operation of the motor vehicle.

REPAIRS COMPLETED: \_\_\_\_\_

Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### DRIVER RECERTIFICATION

- By checking this box and signing below, I certify that to the best of my knowledge the vehicle is now in safe operating condition and the repairs listed under corrective action have been completed.

Driver Signature: \_\_\_\_\_ Date: \_\_\_\_\_