

DAILY DRIVER INSPECTION REPORT

Time Container/Chassis From/To Location

Driver Name:

Date:

Truck #:

Start Odometer:

End Odometer:

Work Start Time:

Work Stop Time:

△

△

Break Time Taken:

YES

NO

Lunch Break Taken:

YES

NO

Driver Signature:

Date:

Office Use Only:

Received By:

Date:

Work Authorized by:

Date:

Assigned To:

Date:

Repair Accepted By:

Date:

POWER UNIT GENERAL CONDITION

- △ Cab/Doors/Windows
- △ Body/Doors
- △ Oil Leak
- △ Grease Leak
- △ Coolant Leak
- △ Fuel Leak
- △ Other _____

ENGINE COMPARTMENT

- △ Level
- △ Coolant Leak
- △ Belts
- △ Other _____

IN-CAB

- △ Gauges/Warning Indicators
- △ Windshield Wipers/Washer
- △ Horn (s)
- △ Heater/Defroster
- △ Mirrors
- △ Steering
- △ Clutch
- △ Service Brakes
- △ Parking Brakes
- △ Emergency Brakes
- △ Triangles
- △ Fire Extinguisher
- △ Other Safety Equipment
- △ Spare Fuses
- △ Seat Belts
- △ Other _____

EXTERIOR

- △ Lights
- △ Reflectors
- △ Suspension
- △ Tires
- △ Wheels/Rims/Lugs
- △ Battery
- △ Exhaust
- △ Brake
- △ Air Lines
- △ Light Line
- △ Fifth-Wheel
- △ Other Coupling
- △ Tie-Downs
- △ Other _____
- NO DEFECTS

TOWED - GENERAL CONDITION

- △ Body/Doors
- △ Tie-Downs
- △ Lights
- △ Reflectors
- △ Suspension
- △ Tires
- △ Wheels/Rims/Lugs
- △ Brakes
- △ Landing Gears
- △ King-Pin Upper Plate
- △ Fifth-Wheel (Dolly)
- △ Other Coupling Devices
- △ Rear End Protection
- △ Other _____
- NO DEFECTS

REPAIR THE FOLLOWING ITEMS:
