

Driver's name:			Date:
Equipment #:	Mileage:	Time (AM):	Location:
Trailer 1:	Trailer 2:	Time (PM):	

Check the "Pre" box for items you inspected that passed. Check "Fail" if the item failed.

	POWER UNIT				TRAILER 1		
	Pre	Post	Fail		Pre	Post	Fail
			Air Lines/Compressor				Lights
			Battery				Headlights Hi/Low
			Belts and Hoses				Tail/Stop
			Body				Turn Indicators/Dash
			Brake Accessories				Clearance/Marker
			Brakes, Parking				Mirrors
			Brakes, Service				Oil Pressure
			Clutch/Transmission				Radiator
			Coupling Devices				Rear End(s)
			Defroster/Heater				Starter
			D.O.T Tape				Steering
			Drive Line				Suspension System
			Engine				Tires/Wheels
			Exhaust				Trip Recorder (Odometer)
			Fifth Wheel				Windows
			Fluid Levels				Windshield Wipers
			Frame and Assembly				Fire Extinguisher
			Front Axle				Reflective Triangles
			Fuel Tanks				HUB Oil Level
			Horn(s)				Other
	Pre	Post	Fail		Pre	Post	Fail
			Brake Connections				D.O.T Tape
			Brakes				Roof/Body
			Coupling Devices				Suspension System
			Gates				Tires/Wheels
			Landing Gear				HUB Oil Level
			Lights-All				Other

TRAILER 2	Pre	Post	Fail		Pre	Post	Fail	
				Brake Connections				D.O.T Tape
				Brakes				Roof/Body
				Coupling Devices				Suspension System
				Gates				Tires/Wheels
				Landing Gear				HUB Oil Level
				Lights-All				Other

REMARKS:

PRE-TRIP		POST-TRIP	
Pass		Pass	
Condition of above vehicle is satisfactory		Condition of above vehicle is satisfactory	
Driver's Signature:		Driver's Signature:	
Fail		Fail	
Above defects corrected		Above defects corrected	
Above defects need not be corrected for safe operation		Above defects need not be corrected for safe operation	
Driver's Signature:		Driver's Signature:	
Mechanic's Signature:		Mechanic's Signature:	