

Safety Director's Notebook

3333 Commodity Lane, Green Bay, WI 54304 (920-338-2302)

VEHICLE INSPECTIONS

Pre-Trip Inspection

392.7 of the FMCSR's requires every driver to conduct a pre-trip inspection of his/her CMV prior to operating the CMV. This inspection includes the following:

- Brakes (service & parking)
- Steering
- Lights and reflectors
- Tires
- Horn
- Windshield wipers
- Mirrors
- Coupling devices



Post-Trip Inspection

396.11 of the FMCSR's requires every driver to conduct a post-trip inspection of his/her CMV at the completion of each day's work (trip) and cover at least the following:

- Brakes (service & parking)
- Steering
- Lights and reflectors
- Tires & Horn
- Windshield wipers & Mirrors
- Coupling devices
- Wheels & rims
- Emergency equipment

In addition, the driver must complete a Driver Vehicle Inspection Report (DVIR) and turn it in to their company.

DRIVER'S VEHICLE INSPECTION REPORT		
<small>AS REQUIRED BY THE D.O.T. FEDERAL MOTOR CARRIER SAFETY REGULATIONS.</small>		
CARRIER: _____		
ADDRESS: _____		
DATE: _____	TIME: _____	A.M. _____ P.M. _____
<small>CHECK ANY DEFECTIVE ITEM AND GIVE DETAILS UNDER "REMARKS"</small>		
TRACTOR/ TRUCK NO.	ODOMETER READING	
<input type="checkbox"/> Air Compressor <input type="checkbox"/> Air Lines <input type="checkbox"/> Battery <input type="checkbox"/> Body <input type="checkbox"/> Brake Accessories <input type="checkbox"/> Brakes, Parking <input type="checkbox"/> Brakes, Service <input type="checkbox"/> Clutch <input type="checkbox"/> Coupling Devices <input type="checkbox"/> Defroster/Heater <input type="checkbox"/> Drive Line <input type="checkbox"/> Engine <input type="checkbox"/> Exhaust <input type="checkbox"/> Fifth Wheel <input type="checkbox"/> Frame and Assembly <input type="checkbox"/> Front Axle <input type="checkbox"/> Fuel Tanks	<input type="checkbox"/> Horn <input type="checkbox"/> Lights <input type="checkbox"/> Head - Stop <input type="checkbox"/> Tail - Dash <input type="checkbox"/> Turn Indicators <input type="checkbox"/> Mirrors <input type="checkbox"/> Muffler <input type="checkbox"/> Oil Pressure <input type="checkbox"/> Radiator <input type="checkbox"/> Rear End <input type="checkbox"/> Reflectors <input type="checkbox"/> Safety Equipment <input type="checkbox"/> Fire Extinguisher <input type="checkbox"/> Reflective Triangles <input type="checkbox"/> Flare - Flares - Fuses <input type="checkbox"/> Spare Bulbs & Fuses <input type="checkbox"/> Spare Seal Beam	<input type="checkbox"/> Suspension System <input type="checkbox"/> Starter <input type="checkbox"/> Steering <input type="checkbox"/> Tachograph <input type="checkbox"/> Tires <input type="checkbox"/> Tire Chains <input type="checkbox"/> Transmission <input type="checkbox"/> Wheels and Rims <input type="checkbox"/> Windows <input type="checkbox"/> Windshield Wipers <input type="checkbox"/> Other
TRAILER(S) NO.(S)		
<input type="checkbox"/> Brake Connections <input type="checkbox"/> Brakes <input type="checkbox"/> Coupling Devices <input type="checkbox"/> Coupling (King) Pin <input type="checkbox"/> Doors	<input type="checkbox"/> Hitch <input type="checkbox"/> Landing Gear <input type="checkbox"/> Lights - All <input type="checkbox"/> Roof <input type="checkbox"/> Suspension System	<input type="checkbox"/> Tarpaulin <input type="checkbox"/> Tires <input type="checkbox"/> Wheels and Rims <input type="checkbox"/> Other
Remarks: _____		

<input type="checkbox"/> CONDITION OF THE ABOVE VEHICLE IS SATISFACTORY		
DRIVER'S SIGNATURE: _____		
<input type="checkbox"/> ABOVE DEFECTS CORRECTED <input type="checkbox"/> ABOVE DEFECTS NEED NOT BE CORRECTED FOR SAFE OPERATION OF VEHICLE		
MECHANIC'S SIGNATURE: _____	DATE: _____	
DRIVER'S SIGNATURE: _____	DATE: _____	
ORIGINAL		
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