

**Staffmark Transportation  
Driver's Vehicle Inspection Report**

**Motor Carrier Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Name of Driver Performing Inspection:** \_\_\_\_\_ **Signature:** \_\_\_\_\_  
**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Time:** \_\_\_\_\_ AM / PM **Truck #:** \_\_\_\_\_ **Odometer:** \_\_\_\_\_

**Check any defective item and give details under "Remarks."**

**POWER UNIT**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Air Compressor     | <input type="checkbox"/> Horn            | <input type="checkbox"/> Suspension System    |
| <input type="checkbox"/> Air Lines          | <input type="checkbox"/> Lights          | <input type="checkbox"/> Starter              |
| <input type="checkbox"/> Battery            | <input type="checkbox"/> Head/Stop       | <input type="checkbox"/> Steering             |
| <input type="checkbox"/> Body               | <input type="checkbox"/> Tail/Dash       | <input type="checkbox"/> Tachograph           |
| <input type="checkbox"/> Brake Accessories  | <input type="checkbox"/> Turn Indicators | <input type="checkbox"/> Tires                |
| <input type="checkbox"/> Brakes, Parking    | <input type="checkbox"/> Mirrors         | <input type="checkbox"/> Transmission         |
| <input type="checkbox"/> Brakes, Service    | <input type="checkbox"/> Muffler         | <input type="checkbox"/> Wheels / Rims        |
| <input type="checkbox"/> Clutch             | <input type="checkbox"/> Oil Pressure    | <input type="checkbox"/> Windows              |
| <input type="checkbox"/> Coupling Devices   | <input type="checkbox"/> Radiator        | <input type="checkbox"/> Windshield Wipers    |
| <input type="checkbox"/> Defroster / Heater | <input type="checkbox"/> Rear End        | <input type="checkbox"/> Drive Line           |
| <input type="checkbox"/> Reflectors         | <input type="checkbox"/> Engine          | <input type="checkbox"/> Safety Equipment     |
| <input type="checkbox"/> Exhaust            | <input type="checkbox"/> Fifth Wheel     | <input type="checkbox"/> Fire Extinguisher    |
| <input type="checkbox"/> Frame & Assembly   | <input type="checkbox"/> Front Axle      | <input type="checkbox"/> Reflective Triangles |
| <input type="checkbox"/> Fuel Tanks         | <input type="checkbox"/> Registration    | <input type="checkbox"/> Proof of Insurance   |

**TRAILER(S)** NUMBER(S): \_\_\_\_\_

- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> Brake Connections | <input type="checkbox"/> Landing Gear | <input type="checkbox"/> Tires             |
| <input type="checkbox"/> Brakes            | <input type="checkbox"/> Lights       | <input type="checkbox"/> Wheels / Rims     |
| <input type="checkbox"/> King Pin          | <input type="checkbox"/> Roof         | <input type="checkbox"/> Suspension System |
| <input type="checkbox"/> Doors             | <input type="checkbox"/> Registration |  |

**REMARKS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Condition of the above vehicle(s) is satisfactory.

Reviewing Driver's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
*(Sign only if condition of this vehicle is satisfactory)*

Defects noted above do not need to be corrected for safe operation of the vehicle(s).

Defects noted above have been corrected.

Driver's Signature Verifying Defects Corrected: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Mechanic's Signature Verifying Defects Corrected: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_