



DRIVER'S LICENCE NO. _____

TRIP INSPECTION REPORT

Type of Inspection: Pre-trip Inspection Post-trip Inspection

Bus/Truck/Tractor # _____ Odometer Reading _____ Km Miles

I detected no defect or deficiency in this commercial motor vehicle.

I found the following defects as noted below:

- | | | |
|---|--|--|
| <input type="checkbox"/> Air Compressor | <input type="checkbox"/> Drive Lines | <input type="checkbox"/> Load Security Devices |
| <input type="checkbox"/> Air Lines | <input type="checkbox"/> Emergency Equipment | <input type="checkbox"/> Lubrication System(s) |
| <input type="checkbox"/> Axles | <input type="checkbox"/> Emergency Windows/Exits | <input type="checkbox"/> Mirrors |
| <input type="checkbox"/> Battery(s) | <input type="checkbox"/> Engine | <input type="checkbox"/> Mud Flaps |
| <input type="checkbox"/> Belts/Hoses | <input type="checkbox"/> Exhaust System | <input type="checkbox"/> Oil Pressure |
| <input type="checkbox"/> Body/Frame | <input type="checkbox"/> Fire Extinguishers | <input type="checkbox"/> Rear End |
| <input type="checkbox"/> Brakes/Adjustment | <input type="checkbox"/> First Aid Kit | <input type="checkbox"/> Recording Device(s) |
| <input type="checkbox"/> Brakes - Service System | <input type="checkbox"/> Fluid Leaks | <input type="checkbox"/> Seats |
| <input type="checkbox"/> Brakes - Parking System | <input type="checkbox"/> Frame | <input type="checkbox"/> Suspension |
| <input type="checkbox"/> Charging System | <input type="checkbox"/> Fuel System | <input type="checkbox"/> Steering Mechanism |
| <input type="checkbox"/> Clutch | <input type="checkbox"/> Heaters/Defrosters | <input type="checkbox"/> Transmission(s) |
| <input type="checkbox"/> Cooling System | <input type="checkbox"/> Horns | <input type="checkbox"/> Wheels/Tires/Studs |
| <input type="checkbox"/> Coupling Devices | <input type="checkbox"/> Inspection Decal/Licence Plates | <input type="checkbox"/> Windows/Visibility |
| <input type="checkbox"/> Documents (insurance, permits, etc.) | <input type="checkbox"/> Interior Lights | <input type="checkbox"/> Wipers/Washers |
| <input type="checkbox"/> Doors/Compartments | <input type="checkbox"/> Lights/Reflectors | <input type="checkbox"/> Other |

Trailer(s) #1 _____ #2 _____

- | | | |
|--|---|---|
| #1 #2 | #1 #2 | #1 #2 |
| <input type="checkbox"/> <input type="checkbox"/> Air Lines/Glad Hands | <input type="checkbox"/> <input type="checkbox"/> Coupling - Kingpin | <input type="checkbox"/> <input type="checkbox"/> Load Security/Dunnage |
| <input type="checkbox"/> <input type="checkbox"/> Axles | <input type="checkbox"/> <input type="checkbox"/> Doors/Compartments | <input type="checkbox"/> <input type="checkbox"/> Mud Flaps |
| <input type="checkbox"/> <input type="checkbox"/> Body/Frame | <input type="checkbox"/> <input type="checkbox"/> Inspection Decal/Plates | <input type="checkbox"/> <input type="checkbox"/> Suspension |
| <input type="checkbox"/> <input type="checkbox"/> Brakes/Adjustment | <input type="checkbox"/> <input type="checkbox"/> Landing Gear | <input type="checkbox"/> <input type="checkbox"/> Wheels/Tires/Studs |
| <input type="checkbox"/> <input type="checkbox"/> Coupling Devices | <input type="checkbox"/> <input type="checkbox"/> Lights/Reflectors | <input type="checkbox"/> <input type="checkbox"/> Other |

Remarks: _____

SIGNATURE OF PERSON INSPECTING VEHICLE

DATE

TIME

AM
 PM

Carrier/Agent's Report

- Above defects corrected.
 Above defects need not be corrected for safe operation of vehicle.

SIGNATURE

DATE

TIME

AM
 PM

TITLE