



DRIVER VEHICLE INSPECTION REPORT
AS REQUIRED BY THE D.O.T. FEDERAL MOTOR CARRIER SAFETY REGULATIONS

CARRIER: FLORIDA TRANSPORT SERVICE, INC.
ADDRESS: 4231 US HIGHWAY 17 S. BARTOW FL, 33830

DATE	TRUCK/ TRACTOR#	ODOMETER READING	TIME	
				AM
				PM

CHECK ANY DEFFECTIVE ITEM AND GIVE DETAILS UNDER "REMARKS"

- | | | |
|---|---|---|
| <input type="checkbox"/> AIR COMPRESSOR | <input type="checkbox"/> FRONT AXLE | <input type="checkbox"/> SAFETY EQUIPMENT |
| <input type="checkbox"/> AIR LINES | <input type="checkbox"/> FUEL TANKS | <input type="checkbox"/> FIRE EXTINGUISHER |
| <input type="checkbox"/> BATTERY | <input type="checkbox"/> HORN | <input type="checkbox"/> FLAGS/FLARES/FUSEES |
| <input type="checkbox"/> BELTS & HOSES | <input type="checkbox"/> LIGHTS | <input type="checkbox"/> REFLECTIVE TRIANGLE |
| <input type="checkbox"/> BODY | <input type="checkbox"/> HEAD/STOP | <input type="checkbox"/> SPARE BULB AND FUSES |
| <input type="checkbox"/> BRAKE, ACCESSORIES | <input type="checkbox"/> TAIL/DASH | <input type="checkbox"/> SPARE SEAL BEAM |
| <input type="checkbox"/> BRAKES, PARKING | <input type="checkbox"/> TURN INDICATOR | <input type="checkbox"/> STARTER |
| <input type="checkbox"/> BRAKES, SERVICE | <input type="checkbox"/> CLEARANCE/MARKER | <input type="checkbox"/> STEERING |
| <input type="checkbox"/> CLUTCH | <input type="checkbox"/> MIRRORS | <input type="checkbox"/> SUSPENSION SYSTEM |
| <input type="checkbox"/> COUPLING DEVICES | <input type="checkbox"/> MUFFLER | <input type="checkbox"/> TIRE CHAINS |
| <input type="checkbox"/> DEFROSTER/HEATER | <input type="checkbox"/> OIL PRESSURE | <input type="checkbox"/> TIRES |
| <input type="checkbox"/> DRIVE LINE | <input type="checkbox"/> RADIATOR | <input type="checkbox"/> TRANSMISSION |
| <input type="checkbox"/> ENGINE | <input type="checkbox"/> REAR END | <input type="checkbox"/> TRIP RECORDER |
| <input type="checkbox"/> EXHAUST | <input type="checkbox"/> REFLECTORS | <input type="checkbox"/> WHEELS & RIMS |
| <input type="checkbox"/> FIFTH WHEEL | | <input type="checkbox"/> WINDOWS |
| <input type="checkbox"/> FLUID LEVELS | | <input type="checkbox"/> WINDSHIELD WIPERS |
| <input type="checkbox"/> FRAME & ASSEMBLY | | <input type="checkbox"/> OTHER |

TRAILER(S) NO.(S): _____

- | | | |
|--|---|--|
| <input type="checkbox"/> BRAKE CONNECTION | <input type="checkbox"/> HITCH | <input type="checkbox"/> SUSPENSION SYSTEM |
| <input type="checkbox"/> BRAKES | <input type="checkbox"/> LANDING GEAR | <input type="checkbox"/> TARPAULI |
| <input type="checkbox"/> COUPLING DEVICES | <input type="checkbox"/> LIGHTS-ALL | <input type="checkbox"/> TIRES |
| <input type="checkbox"/> COUPLING (KING) PIN | <input type="checkbox"/> REFLECTORS/
REFLECTIVE TAPE | <input type="checkbox"/> WHEELS & RIMS |
| <input type="checkbox"/> DOORS | <input type="checkbox"/> ROOF | <input type="checkbox"/> OTHER |

REMARKS: _____

CONDITION OF THE ABOVE VEHICLE IS SATISFACTORY

DRIVER SIGNATURE: _____

- ABOVE DEFECTS CORRECTED
 ABOVE DEFECTS NEEDS NOT BE CORRECTED FOR SAFE OPERATION OF VEHICLE

MECHANIC SIGNATURE _____

DRIVER SIGNATURE: _____