

## DRIVER'S TIME RECORD

Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Driver's Name: \_\_\_\_\_

Vehicle #: \_\_\_\_\_ Vehicle License #: \_\_\_\_\_

Start Time: \_\_\_\_\_ am/pm End Time: \_\_\_\_\_ am/pm

Total Hours \_\_\_\_\_ Signature: \_\_\_\_\_

## DRIVER'S DAILY VEHICLE INSPECTION

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Battery             | <input type="checkbox"/> Engine                            | <input type="checkbox"/> Oil Pressure     |
| <input type="checkbox"/> Body                | <input type="checkbox"/> Front Axle                        | <input type="checkbox"/> Radiator         |
| <input type="checkbox"/> Brakes              | <input type="checkbox"/> Fuel Tanks                        | <input type="checkbox"/> Rear End         |
| <input type="checkbox"/> Clutch              | <input type="checkbox"/> Heater                            | <input type="checkbox"/> Reflectors       |
| <input type="checkbox"/> Defroster           | <input type="checkbox"/> Horn                              | <input type="checkbox"/> Safety Equipment |
| <input type="checkbox"/> Door Handles        | <input type="checkbox"/> Lights                            | <input type="checkbox"/> Springs          |
| <input type="checkbox"/> Drive Line          | <input type="checkbox"/> Water Level                       | <input type="checkbox"/> Steering         |
| <input type="checkbox"/> Emergency Equipment | <input type="checkbox"/> Mirrors                           | <input type="checkbox"/> Tires            |
| <input type="checkbox"/> Transmission        | <input type="checkbox"/> Wheels/Rims                       | <input type="checkbox"/> Windows          |
| <input type="checkbox"/> Windshield Wipers   | <input type="checkbox"/> 5 <sup>th</sup> Wheel/Pintle Hook |   |

## TRAILER INSPECTION

Trailer#: \_\_\_\_\_ Trailer Lic. #: \_\_\_\_\_

- |                                     |   |
|-------------------------------------|---|
| <input type="checkbox"/> Body       | <input type="checkbox"/> Reflectors       |
| <input type="checkbox"/> Brakes     | <input type="checkbox"/> Safety Equipment |
| <input type="checkbox"/> Front Axle | <input type="checkbox"/> Springs          |
| <input type="checkbox"/> Rear Axle  | <input type="checkbox"/> Wheels/Rims      |
| <input type="checkbox"/> Lights     | <input type="checkbox"/> Tires            |

Comments: \_\_\_\_\_

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

- ☐ Vehicle is in Satisfactory Condition      Signature: \_\_\_\_\_  
☐ Defects Corrected      ☐ Correction Unnecessary

Signature of Inspector/Carrier: \_\_\_\_\_