



3373 FM 499 West, Cumby, TX 75433 • Mailing: P.O. Box 589, Cumby TX 75433
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DRIVER'S WEEKLY VEHICLE INSPECTION REPORT

TRUCK/TRACTOR #: _____

WEEK OF: _____

Check any defective item and provide details in "Remarks" section below.

- | | | |
|--|---|--|
| <input type="checkbox"/> Air Bags | <input type="checkbox"/> Fuel Tanks-Line Leaks | <input type="checkbox"/> Seats/Seat Belts |
| <input type="checkbox"/> Air Compressor | <input type="checkbox"/> Heater/Coolant Level/Leaks | <input type="checkbox"/> Starter |
| <input type="checkbox"/> Air Lines | <input type="checkbox"/> Horn | <input type="checkbox"/> Steering Components |
| <input type="checkbox"/> Batteries | <input type="checkbox"/> Lights-Head/Stop/Tail/Dash/Turn Indicators | <input type="checkbox"/> Suspension |
| <input type="checkbox"/> Brakes | <input type="checkbox"/> Meters-Gauges | <input type="checkbox"/> Tires |
| <input type="checkbox"/> Clutch | <input type="checkbox"/> Mirrors | <input type="checkbox"/> Transmission |
| <input type="checkbox"/> Defroster | <input type="checkbox"/> Muffler-Exhaust System | <input type="checkbox"/> Wheels |
| <input type="checkbox"/> Differential-Front/Rear | <input type="checkbox"/> Radiator | <input type="checkbox"/> Windows |
| <input type="checkbox"/> Drive Line | <input type="checkbox"/> Reflective Tape | <input type="checkbox"/> Windshield Wipers/Fluid |
| <input type="checkbox"/> Engine | <input type="checkbox"/> Safety-Fire Extinguisher/First Aid/Triangles/Spare Bulbs/Fuses | <input type="checkbox"/> Other: (List Below) |
| <input type="checkbox"/> Fifth Wheel | | _____ |
| <input type="checkbox"/> Front axle | | _____ |

TRAILER #: _____

- | | | |
|---|---------------------------------------|--|
| <input type="checkbox"/> Air Bags | <input type="checkbox"/> Landing Gear | <input type="checkbox"/> Wheels |
| <input type="checkbox"/> Brakes | <input type="checkbox"/> Lights | <input type="checkbox"/> Other: (List Below) |
| <input type="checkbox"/> Coupling-Chains/Pins | <input type="checkbox"/> Springs | _____ |
| <input type="checkbox"/> Doors | <input type="checkbox"/> Tarp | _____ |
| <input type="checkbox"/> Hitch | <input type="checkbox"/> Tires | |

Remarks: _____

- Condition of the above vehicle is satisfactory. **Driver's Signature:** _____
- Above defects have been corrected.

Mechanic's Signature: _____ **Date:** _____

Driver's Signature: _____ **Date:** _____