

Driver's Vehicle Inspection Report 396.11

Date: ____ / ____ / ____

Vehicle Unit: _____

- | | | |
|-------------------------------------|--|---|
| <input type="checkbox"/> Battery | <input type="checkbox"/> Head - Stop | <input type="checkbox"/> Flags-Flares-Fuses |
| <input type="checkbox"/> Brakes | <input type="checkbox"/> Tail - Dash | <input type="checkbox"/> Springs |
| <input type="checkbox"/> Defroster | <input type="checkbox"/> Turn Indicators | <input type="checkbox"/> Starter |
| <input type="checkbox"/> Drive Line | <input type="checkbox"/> Mirrors | <input type="checkbox"/> Steering |
| <input type="checkbox"/> Engine | <input type="checkbox"/> Muffler | <input type="checkbox"/> Tires |
| <input type="checkbox"/> Front Axle | <input type="checkbox"/> Oil Pressure | <input type="checkbox"/> Transmission |
| <input type="checkbox"/> Fuel Tank | <input type="checkbox"/> Radiator | <input type="checkbox"/> Wheels |
| <input type="checkbox"/> Heater | <input type="checkbox"/> Reflectors | <input type="checkbox"/> Windows |
| <input type="checkbox"/> Horn | <input type="checkbox"/> Safety Equipment | <input type="checkbox"/> Windshield Wipers |
| <input type="checkbox"/> Lights | <input type="checkbox"/> Fire Extinguisher | <input type="checkbox"/> Other |

Remarks: _____

Condition of the above is satisfactory

Driver's Signature: _____

Above defects corrected

Above defects need not be corrected for safe operation of vehicle

Mechanic's Signature: _____

Date: _____

Driver's Signature: _____

Date: _____