Schedule 1-Truck, Tractor, or Trailer Daily Inspection Report

Date: _____ Time: : am/pm Odometer: _____ Location: _____

Carrier's Name: _____ Address: _____

Vehicle(s)

Make: _____ Model: _____ Plate# or Unit# _____ Trailer Plate# or Unit# _____

Check Any Defective Item and Give Details in "Remarks"

○ Air Brake System	○ General
○ Cab	○ Glass & Mirrors
○ Cargo Securement	○ Heater/Defroster
○ Coupling Device	○ Horn
○ Dangerous Goods	○ Hydraulic Brake System
○ Driver Controls	○ Lamps & Reflectors
○ Driver Seat	○ Steering
○ Electric Brake System	○ Suspension System
○ Emergency Equipment & Safety Devices	○ Tires
○ Exhaust System	○ Wheels, Hubs, and Fasteners
○ Frame & Cargo Body	○ Windshield Wiper/Washer
○ Fuel System	

Condition

○ No Defects ○ No Major Defects ○ Above Defects Corrected ○ Above Defects need not be corrected for safe operation of vehicle

○ ***I declare that the vehicle(s) listed above has/have been inspected in accordance with the applicable Schedule***

Designate Name: _____ Designate Signature: _____

License Technician Name: _____ License Technician Name: _____

"**designate**" means a commercial driver or other individual to whom a carrier assigns the duty to conduct Schedule 1. 2 or 3 inspections

Remarks:

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