

Trip Inspection Report

Carrier Name _____ Driver Name _____

Unit/Plate # _____ Trailer # 1 _____ Trailer # 2 _____

Location _____ Date _____ Time _____ Odometer _____

| Inspector use X if not satisfactory | | | | |
|--|---|--|---------------------------------------|---------------------------|
| | Air Brake System | | Emergency Equipment & Safety Devices | Steering |
| | Brake Adjustment & Connections | | Fire Extinguisher | Steering Wheel |
| | Air Compressor | | Reflective Triangles – Flags – Flares | Front Axle |
| | Air Lines | | Exhaust System | Suspension System |
| | Brake Air Pressure | | Frame & Cargo Body | Springs |
| | Low Pressure Warning Signal | | Fuel System | Air Suspension Bags |
| | Parking Brake | | Glass & Mirrors | Tires |
| | Cab Doors | | Heater & Defroster | Wheels, Hubs & Fasteners |
| | Cargo Securement | | Horn | Windshield Wiper & Washer |
| | Load Covering | | Hydraulic Brake System | Battery |
| | Coupling Devices | | Brake Fluid | Engine |
| | Towing & Coupling Devices | | Brake Booster | Radiator |
| | Fifth Wheel | | Brake Pedal | Charging System |
| | Dangerous Goods | | Lamps & Reflectors | Transmission |
| | Driver Controls Accelerator, Clutch, Gauges | | Head Lamps | Rear-end |
| | Driver Seat | | Tail Lamps | Trailer Landing Gear |
| | Seatbelt | | Turn Signals | General |
| | Electric Brake System | | Brake Lamps | |

Remarks _____

This vehicle has been inspected as per Schedule 1

Condition of vehicle is satisfactory

Inspector (print) _____

Driver (print) _____

Signature _____ Date _____

Signature _____ Date _____