

Transportation: Pre-Trip/Post-Trip Inspection

INSPECTOR:				PRE-TRIP	OR	POST-TRIP	
TRUCK ID:				TRAILER ID:			
INSPECTION DATE:				TRIP DATE:			
						G or Check Mark	Good
	Front	Left	Right	Rear		B	Broken
Headlights						M	Missing
High Beams						N/W	Not Working
Left Signal						N/A	Not Applicable
Right Signal						F350XL-17	#1
Flashers						F350XL-17	#2
Brakes						F350-12	#3
Side Marker Front						DOD3500-04	#4
Side Marker Middle						F350XL-17	#5
Side Marker Rear						F250XL-17	#6
						STKW32-18	FLT32-15
Tire #1						STKW32-13	FLT21VA-18
Tire #2						STK32-10	DUMP-05
Tire #3						STKW28-18	WT1-18
Tire #4						STK24WR-99	WT2-18
Tire #5						STK24THS-98	RWHPC-16
Tire #6						STK16AP-00	
Trailer Spare #1						STKBPEV-09	
Trailer Spare #2						STKPB16VA-16	
Remarks:							
<input type="checkbox"/>	The condition of the above vehicle(s) is/are Satisfactory						
	Driver's Printed Name			Driver's Signature			
	Mechanic's Certification (Not required if conditions of vehicle(s) was/were satisfactory)						
<input type="checkbox"/>	Above Defects were corrected						
<input type="checkbox"/>	Above defects need not be corrected for safe operation of the vehicle(s)						
	Mechanic's Signature			Date			
	Next Driver's Review (Not required if conditions of vehicle(s) was/were satisfactory)						
	Driver's Signature			Date			This form is in compliance with 396.11