


# DVIR & VCR Pre/Post

## Form # 360

 DAILY DRIVER'S INSPECTION & VEHICLE CONDITION REPORT (DOT 396.11-896.13) **V-** DATE \_\_\_\_\_


DISTRICT NUMBER: \_\_\_\_\_ VEHICLE NUMBER: \_\_\_\_\_ HOURS: FINISH: \_\_\_\_\_ ODOMETER: FINISH: \_\_\_\_\_  
 DRIVER NAME (PRINT IN BLOCK LETTERS): \_\_\_\_\_ START: \_\_\_\_\_ TOTAL: \_\_\_\_\_ START: \_\_\_\_\_ TOTAL: \_\_\_\_\_

PRE-TRIP INSPECTION - DOT 396.13 (a)	POST-TRIP INSPECTION - DOT 396.11	FUEL																																
<input type="checkbox"/> Alarm Operation (Check all appropriate alarms) <input type="checkbox"/> FEL Arm <input type="checkbox"/> Fork <input type="checkbox"/> Hoist/Body <input type="checkbox"/> Boom <input type="checkbox"/> ASL Arm <input type="checkbox"/> Tailgate <input type="checkbox"/> Reverse <input type="checkbox"/> Low Air Pres. <input type="checkbox"/> 2010 Engine DEF Tank Filled <input type="checkbox"/> Tires, Wheels and Rims <input type="checkbox"/> Power Steering & Auto Trans Fluid <input type="checkbox"/> Engine Oil, Fuel, and Coolant <input type="checkbox"/> Service Brakes and All Connections <input type="checkbox"/> Parking (hand) Brake (s) <input type="checkbox"/> Steering Mechanism <input type="checkbox"/> Horn (s) <input type="checkbox"/> Instruments and Gauges <input type="checkbox"/> Lights and Reflectors <input type="checkbox"/> Emergency Equipment <input type="checkbox"/> Windshield Wipers <input type="checkbox"/> Rear Vision Camera, Mirrors, & Event Recorder <input type="checkbox"/> Coupling Devices <input type="checkbox"/> License Plate (s) and Registration <input type="checkbox"/> Vehicle Damage I have performed the above inspection and found each item in proper working order or I have noted defects below.	<input type="checkbox"/> Alarm Operation (Check all appropriate alarms) <input type="checkbox"/> FEL Arm <input type="checkbox"/> Fork <input type="checkbox"/> Hoist/Body <input type="checkbox"/> Boom <input type="checkbox"/> ASL Arm <input type="checkbox"/> Tailgate <input type="checkbox"/> Reverse <input type="checkbox"/> Low Air Pres. <input type="checkbox"/> Tires, Wheels and Rims <input type="checkbox"/> Power Steering & Auto Trans Fluid <input type="checkbox"/> Engine Oil, Fuel, and Coolant <input type="checkbox"/> Service Brakes and All Connections <input type="checkbox"/> Parking (hand) Brake (s) <input type="checkbox"/> Steering Mechanism <input type="checkbox"/> Horn (s) <input type="checkbox"/> Instruments and Gauges <input type="checkbox"/> Lights and Reflectors <input type="checkbox"/> Emergency Equipment <input type="checkbox"/> Windshield Wipers <input type="checkbox"/> Rear Vision Camera, Mirrors, & Event Recorder <input type="checkbox"/> Coupling Devices <input type="checkbox"/> License Plate (s) and Registration <input type="checkbox"/> Vehicle Damage <input type="checkbox"/> Drain Air Tanks I have performed the above inspection and found each item in proper working order or I have noted defects below.	<input type="checkbox"/> Pre-Trip <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Diesel _____ Gals./Ltrs. <input type="checkbox"/> 2010 Engine DEF Fluid _____ <input type="checkbox"/> Gas _____ <input type="checkbox"/> CNG _____ Gals./Ltrs./Therms.																																
<b>CHECK ALL DEFECTS</b> (VEHICLE CONDITION REPORT) <input type="checkbox"/> <b>CHECK IF NO DEFECTS NOTED</b> <input type="checkbox"/> <b>URGENT SAFETY REPAIRS NECESSARY</b> <input type="checkbox"/> DESCRIPTION OF DEFECTS HERE: _____ MAINTENANCE DEPARTMENT COMMENTS: _____		<b>PRE-TRIP TIRE PRESSURES</b> <table border="1"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table> <b>POST-TRIP TIRE PRESSURES</b> <table border="1"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>																																

CORRECTIVE ACTION / REPAIRS MADE AS PER DOT 396.11 (1)  
 I CERTIFY THAT:  ITEMS NOTED DO NOT AFFECT THE SAFE OPERATION OF THIS VEHICLE.  
 REPAIRS OF THE NOTED DEFECTS HAVE BEEN CORRECTED.

MECHANIC'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 VEHICLE REPAIR ORDER NUMBER: \_\_\_\_\_ DATED: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 I HAVE REVIEWED THIS VEHICLE CONDITION REPORT AS PER DOT 396.13 (b) & (c); DRIVER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
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**A** Daily Driver's Inspection & Vehicle Condition Report

 DAILY DRIVER'S INSPECTION & VEHICLE CONDITION REPORT (DOT 396.11-896.13) **48561** DATE \_\_\_\_\_

SITE LOCATION: \_\_\_\_\_ VEHICLE NUMBER: \_\_\_\_\_ HOURS: FINISH: \_\_\_\_\_ ODOMETER: FINISH: \_\_\_\_\_  
 DRIVER NAME (PRINT IN BLOCK LETTERS): \_\_\_\_\_ START: \_\_\_\_\_ TOTAL: \_\_\_\_\_ START: \_\_\_\_\_ TOTAL: \_\_\_\_\_

PRE-TRIP INSPECTION - DOT 396.13 (a)	POST-TRIP INSPECTION - DOT 396.11	FUEL AND FLUIDS																																
<input type="checkbox"/> Alarm Operation (Check all appropriate alarms) <input type="checkbox"/> FEL Arm <input type="checkbox"/> Fork <input type="checkbox"/> Hoist/Body <input type="checkbox"/> Boom <input type="checkbox"/> ASL Arm <input type="checkbox"/> Tailgate <input type="checkbox"/> Reverse <input type="checkbox"/> Low Air Pres. <input type="checkbox"/> 2010 Engine DEF Tank Filled <input type="checkbox"/> Tires, Wheels and Rims <input type="checkbox"/> Power Steering & Auto Trans Fluid <input type="checkbox"/> Engine Oil, Fuel, and Coolant <input type="checkbox"/> Service Brakes and All Connections <input type="checkbox"/> Parking (hand) Brake (s) <input type="checkbox"/> Steering Mechanism <input type="checkbox"/> Horn (s) <input type="checkbox"/> Instruments and Gauges <input type="checkbox"/> Lights and Reflectors <input type="checkbox"/> Emergency Equipment <input type="checkbox"/> Windshield Wipers <input type="checkbox"/> Rear Vision Camera, Mirrors, & Event Recorder <input type="checkbox"/> Coupling Devices <input type="checkbox"/> License Plate (s) and Registration <input type="checkbox"/> Vehicle Damage I have performed the above inspection and found each item in proper working order or I have noted defects below.	<input type="checkbox"/> Alarm Operation (Check all appropriate alarms) <input type="checkbox"/> FEL Arm <input type="checkbox"/> Fork <input type="checkbox"/> Hoist/Body <input type="checkbox"/> Boom <input type="checkbox"/> ASL Arm <input type="checkbox"/> Tailgate <input type="checkbox"/> Reverse <input type="checkbox"/> Low Air Pres. <input type="checkbox"/> Tires, Wheels and Rims <input type="checkbox"/> Power Steering & Auto Trans Fluid <input type="checkbox"/> Engine Oil, Fuel, and Coolant <input type="checkbox"/> Service Brakes and All Connections <input type="checkbox"/> Parking (hand) Brake (s) <input type="checkbox"/> Steering Mechanism <input type="checkbox"/> Horn (s) <input type="checkbox"/> Instruments and Gauges <input type="checkbox"/> Lights and Reflectors <input type="checkbox"/> Emergency Equipment <input type="checkbox"/> Windshield Wipers <input type="checkbox"/> Rear Vision Camera, Mirrors, & Event Recorder <input type="checkbox"/> Coupling Devices <input type="checkbox"/> License Plate (s) and Registration <input type="checkbox"/> Vehicle Damage <input type="checkbox"/> Drain Air Tanks I have performed the above inspection and found each item in proper working order or I have noted defects below.	<input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Diesel _____ Gals./Ltrs. <input type="checkbox"/> Gas _____ Power Steering Fluid _____ Gals./Ltrs. Anti-Freeze _____ Gals./Ltrs. Hydraulic Oil _____ Gals./Ltrs. Motor Oil _____ Gals./Ltrs. Auto Trans Fluid _____ Gals./Ltrs. DEF _____ Gals./Ltrs.																																
<b>TIRE PRESSURES</b> <table border="1"> <tr><td>2</td><td>6</td><td>10</td><td> </td></tr> <tr><td> </td><td>5</td><td>9</td><td> </td></tr> <tr><td> </td><td>4</td><td>8</td><td> </td></tr> <tr><td>1</td><td> </td><td>3</td><td>7</td></tr> </table>		2	6	10			5	9			4	8		1		3	7	<b>TIRE PRESSURES</b> <table border="1"> <tr><td>2</td><td>6</td><td>10</td><td> </td></tr> <tr><td> </td><td>5</td><td>9</td><td> </td></tr> <tr><td> </td><td>4</td><td>8</td><td> </td></tr> <tr><td>1</td><td> </td><td>3</td><td>7</td></tr> </table>	2	6	10			5	9			4	8		1		3	7
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<b>URGENT SAFETY REPAIRS NECESSARY</b> <input type="checkbox"/> DESCRIPTION OF DEFECTS HERE: _____ MAINTENANCE DEPARTMENT COMMENTS: _____																																		

CORRECTIVE ACTION / REPAIRS MADE AS PER DOT 396.11 (1)  
 I CERTIFY THAT:  ITEMS NOTED DO NOT AFFECT THE SAFE OPERATION OF THIS VEHICLE.  
 REPAIRS OF THE NOTED DEFECTS HAVE BEEN CORRECTED.

MECHANIC'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 VEHICLE REPAIR ORDER NUMBER: \_\_\_\_\_ DATED: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 I HAVE REVIEWED THIS VEHICLE CONDITION REPORT AS PER DOT 396.13 (b) & (c); DRIVER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
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**B** Daily Driver's Inspection & Vehicle Condition Report

# DVIR & VCR Pre/Post

## Form # 360

**Your Logo Here** DAILY DRIVER'S INSPECTION & VEHICLE CONDITION REPORT (DOT 396.11 396.13) **V-**

DATE: \_\_\_\_\_

DISTRICT NUMBER: \_\_\_\_\_ VEHICLE NUMBER: \_\_\_\_\_ HOURS: FROM: \_\_\_\_\_ TO: \_\_\_\_\_ ODOMETER: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

DRIVER NAME (PRINT IN BLOCK LETTERS): \_\_\_\_\_ START: \_\_\_\_\_ END: \_\_\_\_\_

TOTAL DEF: \_\_\_\_\_ GALLONS: \_\_\_\_\_ TOTAL GALLONS: \_\_\_\_\_

DEF: \_\_\_\_\_ GALLONS: \_\_\_\_\_ Diesel  GALLONS: \_\_\_\_\_

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**PRE-TRIP** Truck # \_\_\_\_\_ **POST-TRIP** \_\_\_\_\_

DEF Tank Filled   = OK  = NEEDS ATTENTION

Tires, Wheels and Rims   Alarm Operation (Check all appropriate alarms)

Power Steering & Auto Trans Fluid   FEL Arm  Fork  Hoist-up/Body  Boom

Engine Oil, Fuel, and Coolant   ASL Arm  Tag/Back  Reverse  Low Air Pres.

Parking (hand) Brake (s)   Steering Mechanism

Horn (s)   Instruments and Gauges

Lights and Reflectors   Emergency Equipment

Windshield Wipers   Rear Vision Camera, Mirrors, & Event Recorder

Coupling Devices   License Plate (s) and Registration

Vehicle Damage   Drain Air Tanks

I have performed the above inspection and found each item in proper working order or I have noted defects below.

**PRE-TRIP INSPECTION - DOT 396.13 (a)** **POST-TRIP INSPECTION - DOT 396.11**

Driver Signature \_\_\_\_\_ Date: \_\_\_\_\_ Driver Signature \_\_\_\_\_ Date: \_\_\_\_\_

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**CHECK ALL DEFECTS** **VEHICLE CONDITION REPORT** **CHECK IF NO DEFECTS NOTED**

**TIRES, WHEELS & RIMS** **STEERING** **CAB/CHASSIS** **REAR AXLE** **BODY (cont.)**

Flat  Loose  Noisy  Will Not Pack Properly

Marginal Tread  Shimmy  Doors  Crease/Leaks  Damaged Pins

Loose Lug Nuts  Steering Hard  Seat Belts  Foreign Material  Tumbucks  Hydraulic Controls

Cracks, Cuts, or Damage  Pulls to Left / Right  Heater / Defroster  Noisy  PTO Leaks  Pump Leaks

Grease Leaks  Air Pressure Gauge / Alarm  Triangle Reflectors  Fire Extinguisher  License Plate (s)  Registration

**ENGINE**  Air Meter / Volt Gauge  Temperature Gauge  Coupling Device (s)  Windshield Wipers / Washers  Horn (s)  Spill Kit

Coolant Leaks  Fuel Leaks  Oil Leaks  Misses  Overheats  Noises  Smoking  Low Oil Pressure

**REAR**  Headlights  Stop & Tail Lights  Turn Signals  Marker Lights  Reflectors  Dash Lights

**REPAIRS**  Service Brakes  Parking Brakes  Air / Hydraulic Leaks  Pulls to Left / Right

**REPAIRS**  Broken  Loose U-Bolts  Noisy  Slipping  Rear-Cyl  Top Door-Cyl  Rear Door-Cyl

**REPAIRS**  Damaged Chains  Control Arms  Rear Door Seal  Pump Noisy  PTO Noisy  Hydraulic Level  Tag/Back Seal  Engine and Frame Free from Flammable Material

**REPAIRS**  Will Not Start  Will Not Shut Down  Noisy  Damaged Chains  Control Arms  Rear Door Seal  Pump Noisy  PTO Noisy  Hydraulic Level  Tag/Back Seal  Engine and Frame Free from Flammable Material

COMMENTS - REQUIRED FOR ALL DEFECTS - BE SPECIFIC:

CORRECTIVE ACTION I CERTIFY THAT:  REPAIRS OF THE NOTED DEFECTS HAVE BEEN CORRECTED.  ITEMS NOTED DO NOT AFFECT THE SAFE OPERATION OF THIS VEHICLE.

TECHNICIAN'S COMMENTS:

MECHANIC'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

VEHICLE REPAIR ORDER NUMBER: \_\_\_\_\_ DATE: \_\_\_\_\_

I HAVE REVIEWED THIS VEHICLE CONDITION REPORT AS PER DOT 396.13 (b) & (c); DRIVER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ FORM # 360

**C** Daily Driver's Inspection & Vehicle Condition Report

**Your Logo Here** INSPECCIÓN DIARIA DEL CHOFER Y INFORME DE LA CONDICIÓN DEL VEHÍCULO (DOT 396.11-396.13) **V-**

FECHA: \_\_\_\_\_

NUMERO DEL DISTRITO: \_\_\_\_\_ NUMERO DEL VEHICULO: \_\_\_\_\_ HORAS: Final: \_\_\_\_\_ Comienzo: \_\_\_\_\_

NOMBRE DEL CHOFER- ESCRIBALO EN LETRAS MAYUSCULAS: \_\_\_\_\_ Comienzo: \_\_\_\_\_

TOTAL GALLONS: \_\_\_\_\_ TOTAL GALLONS: \_\_\_\_\_

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**INSPECCIÓN ANTES DEL VIAJE-DOT 396.13 (A)** **INSPECCIÓN DESPUES DEL VIAJE-DOT 396.13 (A)** **PARA LA UTILIZACIÓN DEL DISTRITO LOCAL**

Funcionamiento de alarma  Funcionamiento de alarma

Alarma FEL  Picos  Alarma FEL  Picos

Alarma ASL  Porton  Alarma ASL  Porton

Alarma de equipo montado  Alarma de Botolón  Alarma de equipo montado  Alarma de Botolón

Alarma de reversa  Alarma de presión de aire bajo  Alarma de reversa  Alarma de presión de aire bajo

**LANTARAS, RUEDAS, RINES** **LANTARAS, RUEDAS, RINES**

Aceite de transmisión automática  Aceite de motor, carburante, refrigerante

Aceite de motor, carburante, refrigerante  Frenos y todas conexiones

Frenos y todas conexiones  Freno de emergencia

Mecanismo de manejo  Mecanismo de manejo

Claxon  Claxon

Instrumentos y indicadores  Instrumentos y indicadores

Luces y reflectores  Luces y reflectores

Limpiaaparabrisas  Limpiaaparabrisas

Espejos de vista atrás  Espejos de vista atrás

Ensamblaje / Equipo de  Ensamblaje / Equipo de

Patentes y matriculación  Patentes y matriculación

Daño del vehículo  Daño del vehículo

Vaciar tanques de aire  Vaciar tanques de aire

Alarma de la grua ROL operacional  Alarma de la grua ROL operacional

Alarma de brazos arriba FEL operacional  Alarma de brazos arriba FEL operacional

Alarma de marcha atrás operacional  Alarma de marcha atrás operacional

Yo he hecho la inspección de arriba y he encontrado cada artículo en orden o he notado los defectos abajo.

Yo he hecho la inspección de arriba y he encontrado cada artículo en orden o he notado los defectos abajo.

Firma del chofer \_\_\_\_\_ Fecha: \_\_\_\_\_ Firma del chofer \_\_\_\_\_ Fecha: \_\_\_\_\_

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**INFORME DE LA CONDICIÓN DEL VEHICULO** **CONDICIÓN DE LANTARAS**

**MARCA TODOS LOS DEFECTOS** **INSTRUMENTOS Y INDICADORES (CONTINUADO)** **EJE TRASERO** **REPARACIONES NECESARIAS Y URGENTES**

**LANTARAS, RUEDAS Y RINES** **LUCES** **CONDICIÓN DE LANTARAS**

Desinflado/Ponchado  Bajas presión de aire  Lintillas legales  Tuercas no apretados  Heriduras, cortes o daño  Hoist Cable  Escape de grasa

**MOTOR** **CABINA/CHASSIS** **ELECTRICO**

Escape de anti congelante  Escape de combustible  Escape de aceite  Fallos de tiro  Recalentamientos  Ruidos  Humo  Baja presión de aceite

**FRENOS** **RESONES** **RESONES**

Frenos regulares  Frenos de emergencia  Escape hidráulico/ de aire  Matricula  Botiquin de primeros auxilios  Funcionalidad de drivecam  Botiquin de derrame

**DIRECCION** **RESORTES** **RESORTES**

Piogo  Chaveta  Tirante  Que bradd  Dardos que no estan apretados

**INSTRUMENTOS Y INDICADORES** **EMBRAJUE** **EMBRAJUE**

Alarma/indicador de presión de aire  Ruidoso  Medidor de impres/indicador de voltaje  Flajo  Indicador de temperatura  Ajustar el clotche  Indicador de presión de aceite  Freno del clotche  Velocimetro

**CONDICIÓN DE LANTARAS** **CONDICIÓN DE LANTARAS**

Escape de grasa  Material extranjero  Ruidoso  Vibraciones  Se brinca de marcha  Dificil de marchar  Escapes de lubricante

**ELECTRICO** **ELECTRICO**

No se arranca  No se carga  No se apaga  Escapes de lubricante

**CONDICIÓN DE LANTARAS** **CONDICIÓN DE LANTARAS**

Alarma FEL  Picos  Alarma ASL  Porton  Alarma de equipo montado  Alarma de Botolón  Alarma de reversa  Alarma de presión de aire bajo

**CONDICIÓN DE LANTARAS** **CONDICIÓN DE LANTARAS**

Cilindro  Línea  Válvula  Cilindro  Línea  Válvula  Cilindro  Línea  Válvula  Cilindro  Línea  Válvula  Cilindro  Línea  Válvula

Acción correctiva/ reparaciones para Dot 396.11 (1)

Yo certifico que:  Los artículos notados ni afectan la seguridad de la operación de este vehículo.  Reparaciones de los defectos notados han sido corregidos.

Firma del mecanico \_\_\_\_\_ Fecha: \_\_\_\_\_

Número del orden de la reparación \_\_\_\_\_ Fecha: \_\_\_\_\_

Y he revisado la condición de este vehículo Informe para DOT 396.13 (b) & (c); Firma del conductor \_\_\_\_\_ Fecha: \_\_\_\_\_

Copia del archivo de mantenimiento Formulario #360S

**D** Daily Driver's Inspection & Vehicle Condition Report (Spanish)



# DVIR & VCR Pre/Post

## Form # 360

**Your Logo Here** DAILY DRIVER'S INSPECTION & VEHICLE CONDITION REPORT (DOT 396.11 396.13) **V- 148802**

DATE: \_\_\_\_\_

DISTRICT NUMBER: \_\_\_\_\_ VEHICLE NUMBER: \_\_\_\_\_ HOURS : FINISH \_\_\_\_\_ ODOMETER : FINISH \_\_\_\_\_  
DRIVER NAME (PRINT IN BLOCK LETTERS): \_\_\_\_\_ START \_\_\_\_\_ TOTAL \_\_\_\_\_ START \_\_\_\_\_ TOTAL \_\_\_\_\_

**PRE-TRIP INSPECTION - DOT 396.13 (a)**  
 Alarm Operation (Check all appropriate alarms)  
 FEL Arm  Fork  Hoist-Up/Body  Boom  
 ASL Arm  Tailgate  Reverse  Low Air Pres.  
 2010 Engine DEF Tank Filled  
 Tires, Wheels and Rims  
 Power Steering & Auto Trans Fluid  
 Engine Oil, Fuel, and Coolant  
 Service Brakes and All Connections  
 Parking (hand) Brake (s)  
 Steering Mechanism  
 Horn (s)  
 Instruments and Gauges  
 Lights and Reflectors  
 Emergency Equipment  
 Windshield Wipers  
 Rear Vision Camera, Mirrors, & Event Recorder  
 5th Wheel, Coupling Devices  
 License Plate (s) and Registration  
 Vehicle Damage

**POST-TRIP INSPECTION - DOT 396.11**  
 Alarm Operation (Check all appropriate alarms)  
 FEL Arm  Fork  Hoist-Up/Body  Boom  
 ASL Arm  Tailgate  Reverse  Low Air Pres.  
 Tires, Wheels and Rims  
 Power Steering & Auto Trans Fluid  
 Engine Oil, Fuel, and Coolant  
 Service Brakes and All Connections  
 Parking (hand) Brake (s)  
 Steering Mechanism  
 Horn (s)  
 Instruments and Gauges  
 Lights and Reflectors  
 Emergency Equipment  
 Windshield Wipers  
 Rear Vision Camera, Mirrors, & Event Recorder  
 5th Wheel, Coupling Devices  
 License Plate (s) and Registration  
 Vehicle Damage  
 Drain Air Tanks

**FOR LOCAL DISTRICT USE**  
 Diesel  AM  PM  
 2010 Engine DEF Fluid  
 Gas  
 CNG \_\_\_\_\_ Gals./Ltrs./Therms  
Power Steering Fluid \_\_\_\_\_ Gals./Ltrs.  
Anti-Freeze \_\_\_\_\_ Gals./Ltrs.  
Hydraulic Oil \_\_\_\_\_ Gals./Ltrs.  
Motor Oil \_\_\_\_\_ Gals./Ltrs.  
Auto Trans Fluid \_\_\_\_\_ Gals./Ltrs.  
Def Fluid \_\_\_\_\_ Gals./Ltrs.

**TIRE PRESSURES**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CHECK ALL DEFECTS**  
**TIRES, WHEELS, & RIMS**  
 Flat  
 Low Air Pressure  
 Marginal Tread  
 Loose Lug Nuts  
 Cracks, Cuts, or Damage  
 Grease Leaks  
**ENGINE**  
 Coolant Leaks  
 Oil Leaks  
 Misses  
 Overheats  
 Noises  
 Smoking  
 Low Oil Pressure  
**BRAKES**  
 Service Brakes  
 Parking Brakes  
 Air / Hydraulic Leaks  
 Pulls to Left / Right  
**STEERING**  
 Loose  
 Shimmy  
 Steers Hard  
 Pulls to Left / Right  
**INSTRUMENTS AND GAUGES**  
 Air Pressure Gauge / Alarm  
 Amp Meter / Volt Gauge  
 Temperature Gauge  
 Oil Pressure Gauge  
 Speedometer

**VEHICLE CONDITION REPORT**  
**INSTRUMENTS AND GAUGES (cont.)**  
 Tachometer  
 Windshield Wipers / Washers  
 Horn (s)  
**LIGHTS**  
 Headlights  
 Stop & Tail Lights  
 Marker Lights  
 Reflectors  
 Dash Lights  
**CAB / CHASSIS**  
 Battery Box / Cover  
 Doors  
 Mirrors and Cab Glass  
 Heater / Defroster  
 Triangle Reflectors  
 Fire Extinguisher  
 5th Wheel, Coupling Devices  
 License Plate (s)  
 Registration  
 First Aid Kit  
 Drive Cam Functionality  
 Spill Kit

**REAR AXLE**  
 Grease Leaks  
 Noisy  
**DRIVE LINE**  
 Foreign Material  
 Noisy  
**TRANSMISSION**  
 Grease Leaks  
 Hard Shifting  
 Jumps Out of Gear

**ELECTRICAL**  
 Will Not Start  
 Will Not Charge  
 Will Not Shut Down

**BODY**  
 Hydraulic Leaks  
 Left Side-Cyl  
 Right Side-Cyl  
 Tank-Cyl  
 Rear-Cyl  
 Top Door-Cyl  
 Rear Door-Cyl  
 Will Not Pack Properly  
 Damaged Pins  
 Turnbuckle  
 Hydraulic Controls  
 Pump Noisy  
 PTO Noisy  
 PTO Leaks  
 Noisy  
 Slipping  
 Adjust Clutch  
 Clutch Brake

**MAINTENANCE DEPARTMENT COMMENTS**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Alarm Operation (Check all appropriate alarms)  
 FEL Arm  Fork  Hoist-Up/Body  Boom  
 ASL Arm  Tailgate  Reverse  Low Air Pres.  
 Damaged Chains  
 Control Arms  
 Rear Door Seal  
 Pump Noisy  
 PTO Noisy  
 PTO Leaks  
 Noisy  
 Slipping  
 Adjust Clutch  
 Clutch Brake  
 Engine and Frame Free from Flammable Material

**CORRECTIVE ACTION / REPAIRS MADE AS PER DOT 396.11 (1)**  
I CERTIFY THAT:  ITEMS NOTED DO NOT AFFECT THE SAFE OPERATION OF THIS VEHICLE.  
 REPAIRS OF THE NOTED DEFECTS HAVE BEEN CORRECTED.

MECHANIC'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
VEHICLE REPAIR ORDER NUMBER: \_\_\_\_\_ DATED: \_\_\_\_/\_\_\_\_/\_\_\_\_  
I HAVE REVIEWED THIS VEHICLE CONDITION REPORT AS PER DOT 396.13 (b) & (c): DRIVER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
FORM # 360

**Your Logo Here** DRIVER VEHICLE INSPECTION REPORT (DVIR) DATE: \_\_\_\_\_

PLATE NO. \_\_\_\_\_ LOCATION: \_\_\_\_\_ FMVSA (Can) DOT 396.11-396.13

EMPLOYEE NUMBER: \_\_\_\_\_ VEHICLE NUMBER: \_\_\_\_\_ MAKE: \_\_\_\_\_

ODOMETER: \_\_\_\_\_ Engine HOURS: \_\_\_\_\_ START \_\_\_\_\_ FINISH \_\_\_\_\_

**PRE-TRIP INSPECTION**  
1.  Engine Oil, Fuel & Coolant  
2.  Power Steering  
3.  2010 Engine DEF Tank Filled  
4.  Drain Air Tanks  
5.  Vehicle Damage, Load Security, Taper  
6.  Windshield Wiper, Windshield / Windows  
7.  Rear Vision Mirrors  
8.  Emergency Equipment, Spill Kit, F. Ext.  
9.  Instruments & Gauges  
10.  Defroster/Heater  
11.  Horn (s)  
12.  Chime  
13.  Steering Mechanism (s)  
14.  Parking (hand) Brake (s)  
15.  Service Brakes & All Connections  
16.  Hydraulic Brake Fluid  
17.  Lights & Reflectors  
18.  Strobe Light  
19.  Backup Alarm  
20.  Camera  
21.  Fuel System  
22.  Exhaust System  
23.  Coupling Devices  
24.  Lic. Plate (s), Reg. Ins., Permits  
25.  Tires, Wheels & Rims, Hub Oil, Lug Nuts  
26.  Seat Belt/Seat Security  
27.  Suspension  
28.  Fender

**POST-TRIP INSPECTION**  
29.  Trailer Unit Number  
30.  Tires, Wheels & Rims, Hub Oil  
31.  Service Brakes & All Connections  
32.  Lights & Reflectors  
33.  Coupling Devices  
34.  License Plate / Registration  
35.  Suspension  
36.  Frame  
37.  Tarp, Doors, Autotaper  
38.  Damage

**VEHICLE FLUIDS**  
Fuel \_\_\_\_\_ QTY LTR/QTS  
Power Steering Fluid \_\_\_\_\_  
Anti Freeze \_\_\_\_\_  
Motor Oil \_\_\_\_\_  
Auto Trans Fluid \_\_\_\_\_  
Hydraulic Oil \_\_\_\_\_  
CNG Pressure \_\_\_\_\_

**TIRE PRESSURE & CONDITION**

LF	RF	RPI	RPO
LFPO	LFPI	RFPI	RFO
LRO	LRI	RRI	RRO
LTO	LTI	RTI	RTO

**DRIVE/CAM HAS BEEN REVIEWED AND OPERATING PROPERLY**  
**TIRES, WHEELS & RIMS**  
39.  Flat  
40.  Low Air Pressure  
41.  Marginal Tread  
42.  Loose Lug Nuts  
43.  Cracks, Cuts or Damage  
44.  Grease Leaks  
**ENGINE**  
45.  Coolant Leaks  
46.  Fuel Leaks  
47.  Oil Leaks  
48.  Misses  
49.  Overheats  
50.  Noises  
51.  Smoking  
52.  Low Oil Pressure  
**BRAKES**  
53.  Service Brakes  
54.  Parking Brakes  
55.  Air / Hydraulic Leaks  
56.  Pulls to Left / Right  
**STEERING**  
57.  Loose  
58.  Shimmy  
59.  Steers Hard  
60.  Pulls to Left / Right

**INSTRUMENTS & GAUGES**  
61.  Air Pressure Gauge / Alarm  
62.  Amp Meter / Volt Gauge  
63.  Temperature Gauge  
64.  Oil Pressure Gauge  
65.  Speedometer  
66.  Tachometer  
67.  Windshield Wipers / Washers  
68.  Horn (s)  
**LIGHTS**  
69.  Headlights  
70.  Stop & Tail Lights  
71.  Turn Signals  
72.  Marker Lights  
73.  Reflectors  
74.  Dash Lights  
**CAB / CHASSIS**  
75.  Battery Box / Cover  
76.  Doors  
77.  Seat Belts  
78.  Mirrors & Cab Glass  
79.  Heater / Defroster  
80.  Triangle Reflectors  
81.  Fire Extinguisher  
82.  Coupling Device (s)  
83.  License Plate (s)  
84.  Registration  
85.  Spill Kit

**BODY**  
86.  Broken  
87.  Loose U-Bolt  
88.  Noisy  
89.  Slipping  
90.  Adjust Clutch  
91.  Noisy  
92.  Leaks  
93.  Foreign Material  
94.  Noisy  
95.  Vibrations  
96.  Camera  
97.  Strobe Light  
98.  Backup Alarm  
99.  Monitor  
100.  Noisy  
101.  Jumps Out Of Gear  
102.  Hard Shifting  
103.  Leaks  
104.  Will Not Start  
105.  Will Not Charge  
106.  Will Not Shut Down  
107.  Hydraulic Leaks  
108.  Left Side  
109.  Right Side  
110.  Front  
111.  Rear  
112.  Turnbuckle  
113.  PTO Leaks  
114.  Body Mounting Bolts  
115.  Crack / Damage on Body  
116.  Damaged Chains  
117.  Micro Switches  
118.  Control Arms  
119.  Rear Door Seal  
120.  Pump Noisy  
121.  PTO Noisy  
122.  Hydraulic Level

**COMMENTS - REQUIRED FOR ALL DEFECTS - BE SPECIFIC:**  
1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

**CORRECTIVE ACTION I CERTIFY THAT**  
 REPAIRS OF THE NOTED DEFECTS HAVE BEEN CORRECTED.  
 ITEMS NOTED DO NOT AFFECT THE SAFE OPERATION OF THIS VEHICLE.

TECHNICIAN'S COMMENTS \_\_\_\_\_  
1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_


VEHICLE REPAIR ORDER #: \_\_\_\_\_ TECHNICIAN'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
I HAVE REVIEWED THIS VEHICLE CONDITION REPORT \_\_\_\_\_ DRIVER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
FORM # 360

**G** Daily Driver's Inspection & Vehicle Condition Report

**H** Driver Vehicle Inspection Report

## DVIR & VCR Pre/Post

Form # 360



### DRIVER'S VEHICLE CONDITION REPORT

Location \_\_\_\_\_ Date \_\_\_\_\_  
 Driver \_\_\_\_\_ Unit \_\_\_\_\_  
 Start Time \_\_\_\_\_ Finish Time \_\_\_\_\_  
 Ending Engine Hours \_\_\_\_\_ Ending Mileage \_\_\_\_\_

**FLUID LEVELS**

<b>PRE</b> <input type="checkbox"/> Engine oil _____	<b>POST</b> <input type="checkbox"/> Coolant _____	<b>PRE</b> <input type="checkbox"/> Transmission _____	<b>POST</b> <input type="checkbox"/> DEF Fluid _____
<b>PRE</b> <input type="checkbox"/> Hydraulic oil _____	<b>POST</b> <input type="checkbox"/> Fuel _____	<b>PRE</b> <input type="checkbox"/> _____	<b>POST</b> <input type="checkbox"/> _____

**PRE/POST TRIP INSPECTION**

No Defects - Vehicle Condition Satisfactory

**CAB INSPECTION - If items need repair, check below and describe**

<b>PRE</b> <input type="checkbox"/> All gauges / gauge lights _____	<b>POST</b> <input type="checkbox"/> Cab horn _____	<b>PRE</b> <input type="checkbox"/> Doors / latches _____	<b>POST</b> <input type="checkbox"/> Seat and seat belt _____
<b>PRE</b> <input type="checkbox"/> Low pressure oil _____	<b>POST</b> <input type="checkbox"/> Windshield cracks _____	<b>PRE</b> <input type="checkbox"/> Clutch free play _____	<b>POST</b> <input type="checkbox"/> Mirrors adjusted / clean _____
<b>PRE</b> <input type="checkbox"/> Low oil warning light / buzzer _____	<b>POST</b> <input type="checkbox"/> Windshield / clean _____	<b>PRE</b> <input type="checkbox"/> Spill kits _____	<b>POST</b> <input type="checkbox"/> Radio _____
<b>PRE</b> <input type="checkbox"/> License / registration papers _____	<b>POST</b> <input type="checkbox"/> Heat / defrost / AC _____	<b>PRE</b> <input type="checkbox"/> Safety decals _____	<b>POST</b> <input type="checkbox"/> Backup horn _____
<b>PRE</b> <input type="checkbox"/> Low air warning light / buzzer _____	<b>POST</b> <input type="checkbox"/> Heat / defrost / AC _____	<b>PRE</b> <input type="checkbox"/> Safety devices _____	<b>POST</b> <input type="checkbox"/> Backup horn _____

**SAFETY INSPECTION - If items need repair, check below and describe**

<b>PRE</b> <input type="checkbox"/> Reflective triangles _____	<b>POST</b> <input type="checkbox"/> Fire extinguisher _____	<b>PRE</b> <input type="checkbox"/> Safety decals _____	<b>POST</b> <input type="checkbox"/> Backup horn _____
<b>PRE</b> <input type="checkbox"/> Rear vision monitor _____	<b>POST</b> <input type="checkbox"/> Camera / clean _____	<b>PRE</b> <input type="checkbox"/> Spill kits _____	<b>POST</b> <input type="checkbox"/> Backup horn _____
<b>PRE</b> <input type="checkbox"/> Safety interlock switches _____	<b>POST</b> <input type="checkbox"/> Safety devices _____	<b>PRE</b> <input type="checkbox"/> Safety devices _____	<b>POST</b> <input type="checkbox"/> Backup horn _____

**MECHANICAL INSPECTION - If items need repair, check below and describe**

<b>PRE</b> <input type="checkbox"/> Service brakes adjusted _____	<b>POST</b> <input type="checkbox"/> Marker lights / clean _____	<b>PRE</b> <input type="checkbox"/> Cable / hooks _____	<b>POST</b> <input type="checkbox"/> Automatic tarp / cover _____
<b>PRE</b> <input type="checkbox"/> Parking breaks operational _____	<b>POST</b> <input type="checkbox"/> Brake lights / clean _____	<b>PRE</b> <input type="checkbox"/> Turn signal / clean _____	<b>POST</b> <input type="checkbox"/> Hydraulic hoses / cylinders _____
<b>PRE</b> <input type="checkbox"/> Battery disconnect _____	<b>POST</b> <input type="checkbox"/> Turn signal / clean _____	<b>PRE</b> <input type="checkbox"/> Auto arm / tipper _____	<b>POST</b> <input type="checkbox"/> Wheels / rims _____
<b>PRE</b> <input type="checkbox"/> Body damage _____	<b>POST</b> <input type="checkbox"/> Suspension _____	<b>PRE</b> <input type="checkbox"/> Steering play _____	<b>POST</b> <input type="checkbox"/> Transmission / differential _____
<b>PRE</b> <input type="checkbox"/> Cab damage _____	<b>POST</b> <input type="checkbox"/> Fuel tank / lines _____	<b>PRE</b> <input type="checkbox"/> Exhaust _____	<b>POST</b> <input type="checkbox"/> Driveline / telma _____
<b>PRE</b> <input type="checkbox"/> Air lines _____	<b>POST</b> <input type="checkbox"/> Exhaust _____	<b>PRE</b> <input type="checkbox"/> Engine _____	<b>POST</b> <input type="checkbox"/> Radiator / cooling _____
<b>PRE</b> <input type="checkbox"/> Drain air tank _____	<b>POST</b> <input type="checkbox"/> Engine _____	<b>PRE</b> <input type="checkbox"/> Starter _____	<b>POST</b> <input type="checkbox"/> Radiator / cooling _____
<b>PRE</b> <input type="checkbox"/> Air dryer _____	<b>POST</b> <input type="checkbox"/> Starter _____	<b>PRE</b> <input type="checkbox"/> _____	<b>POST</b> <input type="checkbox"/> _____
<b>PRE</b> <input type="checkbox"/> Head lights clean _____	<b>POST</b> <input type="checkbox"/> Starter _____	<b>PRE</b> <input type="checkbox"/> _____	<b>POST</b> <input type="checkbox"/> _____

**DEFECT INSPECTION**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_

Above defects corrected  
 Above defects need not be corrected for the safe operation of vehicle

Driver Signature \_\_\_\_\_ Date \_\_\_\_\_

Mechanic Signature \_\_\_\_\_ Date \_\_\_\_\_


Driver Review Signature \_\_\_\_\_ Date \_\_\_\_\_

Work Order No. \_\_\_\_\_

TIRES: Indicate tire pressure and any defects

Front Left	Front Right	Rear Left	Rear Right
Push	Push	Tag	Tag

www.NorthStarForms.com Form # 360



### DAILY DRIVER'S INSPECTION & VEHICLE CONDITION REPORT

V-

(DOT 396.11 - 996.13) DATE \_\_\_\_\_

DISTRICT NUMBER: \_\_\_\_\_ VEHICLE NUMBER: \_\_\_\_\_ HOURS: FROM \_\_\_\_\_ TO \_\_\_\_\_ ODOMETER: FROM \_\_\_\_\_ TO \_\_\_\_\_  
 DRIVER NAME (PRINT IN BLOCK LETTERS): \_\_\_\_\_ START \_\_\_\_\_ FINISH \_\_\_\_\_

TOTAL \_\_\_\_\_ TOTAL \_\_\_\_\_

PRE-TRIP INSPECTION - DOT 396.13 (a)	POST-TRIP INSPECTION - DOT 396.11	FOR LOCAL DISTRICT USE																
<input type="checkbox"/> Alarm Operation (Check all appropriate alarms) <input type="checkbox"/> EL Arm <input type="checkbox"/> Fork <input type="checkbox"/> Hoist/Body <input type="checkbox"/> Boom <input type="checkbox"/> ASL Arm <input type="checkbox"/> Tailgate <input type="checkbox"/> Reverse <input type="checkbox"/> Low Air Pres. <input type="checkbox"/> Tires, Wheels and Rims <input type="checkbox"/> 2010 Engine DEF Tank Filled <input type="checkbox"/> Power Steering & Auto Trans Fluid <input type="checkbox"/> Engine Oil, Fuel, and Coolant <input type="checkbox"/> Service Brakes and All Connections <input type="checkbox"/> Parking (hand) Brake (s) <input type="checkbox"/> Steering Mechanism <input type="checkbox"/> Horn (s) <input type="checkbox"/> Instruments and Gauges <input type="checkbox"/> Lights and Reflectors <input type="checkbox"/> Emergency Equipment <input type="checkbox"/> Windshield Wipers <input type="checkbox"/> Rear Vision Camera, Mirrors, & Event Recorder <input type="checkbox"/> 5th Wheel, Coupling Devices <input type="checkbox"/> License Plate (s) and Registration <input type="checkbox"/> Vehicle Damage <input type="checkbox"/> Vehicle Damage	<input type="checkbox"/> Alarm Operation (Check all appropriate alarms) <input type="checkbox"/> EL Arm <input type="checkbox"/> Fork <input type="checkbox"/> Hoist/Body <input type="checkbox"/> Boom <input type="checkbox"/> ASL Arm <input type="checkbox"/> Tailgate <input type="checkbox"/> Reverse <input type="checkbox"/> Low Air Pres. <input type="checkbox"/> Tires, Wheels and Rims <input type="checkbox"/> Power Steering & Auto Trans Fluid <input type="checkbox"/> Engine Oil, Fuel, and Coolant <input type="checkbox"/> Service Brakes and All Connections <input type="checkbox"/> Parking (hand) Brake (s) <input type="checkbox"/> Steering Mechanism <input type="checkbox"/> Horn (s) <input type="checkbox"/> Instruments and Gauges <input type="checkbox"/> Lights and Reflectors <input type="checkbox"/> Emergency Equipment <input type="checkbox"/> Windshield Wipers <input type="checkbox"/> Rear Vision Camera, Mirrors, & Event Recorder <input type="checkbox"/> 5th Wheel, Coupling Devices <input type="checkbox"/> License Plate (s) and Registration <input type="checkbox"/> Vehicle Damage <input type="checkbox"/> Drain Air Tanks	<input type="checkbox"/> Diesel <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> 2010 Engine DEF Fluid <input type="checkbox"/> Gas <input type="checkbox"/> CNG Gals./Ltrs. Power Steering Fluid _____ Gals./Ltrs. Anti-Freeze _____ Gals./Ltrs. Hydraulic Oil _____ Gals./Ltrs. Motor Oil _____ Gals./Ltrs. Auto Trans Fluid _____ Gals./Ltrs. Def Fluid _____ Gals./Ltrs.																
I have performed the above inspection and found each item in proper working order or I have noted defects below.		<b>PRE-TRIP TIRE PRESSURES</b> <table border="1" style="width: 100%; height: 40px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>																
I have performed the above inspection and found each item in proper working order or I have noted defects below.		<b>POST-TRIP TIRE PRESSURES</b> <table border="1" style="width: 100%; height: 40px;"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>																
I have performed the above inspection and found each item in proper working order or I have noted defects below.		URGENT SAFETY REPAIRS NECESSARY DESCRIPTION OF DEFECTS HERE: _____ _____ _____																
I have performed the above inspection and found each item in proper working order or I have noted defects below.		MAINTENANCE DEPARTMENT COMMENTS _____ _____ _____																


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Driver's Vehicle Condition Report

Daily Driver's Inspection & Vehicle Condition Report

# DVIR & VCR Pre/Post

## Form # 360



Your Logo Here

**TRACTOR & TRAILER  
DAILY DRIVER'S INSPECTION & VEHICLE CONDITION REPORT**  
(DOT 396.11 396.13)

V- \_\_\_\_\_ DATE \_\_\_\_\_

ODOMETER: FINISH \_\_\_\_\_ START \_\_\_\_\_

ODOMETER: FINISH \_\_\_\_\_ START \_\_\_\_\_

VEHICLE NUMBER: \_\_\_\_\_ HOURS: FINISH: \_\_\_\_\_ ODOMETER: FINISH: \_\_\_\_\_

DRIVER NAME (PRINT IN BLOCK LETTERS): \_\_\_\_\_ START: \_\_\_\_\_ TOTAL: \_\_\_\_\_

**PRE-TRIP INSPECTION - DOT 396.13 (a)**

Alarm Operations (Check all appropriate alarms)  
 Reverse  Low Air Pres.

2010 Engine DEF Tank Filled  
 Tires, Wheels and Rims  
 Power Steering & Auto Trans Fluid  
 Engine Oil, Fuel, and Coolant  
 Service Brakes and All Connections  
 Parking (hand) Brake (s)  
 Steering Mechanism  
 Horn (s)  
 Instruments and Gauges  
 Lights and Reflectors  
 Emergency Equipment  
 Windshield Wipers  
 Rear Vision Camera, Mirrors, & Event Recorder  
 Coupling Devices  
 License Plate (s) and Registration  
 Vehicle Damage

I have performed the above inspection and found each item in proper working order or I have noted defects below.

Driver's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**POST-TRIP INSPECTION - DOT 396.11**

Alarm Operations (Check all appropriate alarms)  
 Reverse  Low Air Pres.

Tires, Wheels and Rims  
 Power Steering & Auto Trans Fluid  
 Engine Oil, Fuel, and Coolant  
 Service Brakes and All Connections  
 Parking (hand) Brake (s)  
 Steering Mechanism  
 Horn (s)  
 Instruments and Gauges  
 Lights and Reflectors  
 Emergency Equipment  
 Windshield Wipers  
 Rear Vision Camera, Mirrors, & Event Recorder  
 Coupling Devices  
 License Plate (s) and Registration  
 Drain Air Tanks

I have performed the above inspection and found each item in proper working order or I have noted defects below.

Driver's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**FOR LOCAL DISTRICT USE**

FUEL:  Diesel  AM  PM  
 2010 Engine DEF Fluid Gals./Ltrs.  
 Gas  
 CNG \_\_\_\_\_ Gals./Ltrs./Therms.

Power Steering Fluid \_\_\_\_\_ Gals./Ltrs.  
Anti-Freeze \_\_\_\_\_ Gals./Ltrs.  
Hydraulic Oil \_\_\_\_\_ Gals./Ltrs.  
Motor Oil \_\_\_\_\_ Gals./Ltrs.  
Auto Trans Fluid \_\_\_\_\_ Gals./Ltrs.  
DEF Fluid \_\_\_\_\_ Gals./Ltrs.

**TIRE PRESSURES**


**VEHICLE CLEANLINESS**  
 Cab Cleaned

URGENT SAFETY REPAIRS NECESSARY  
DESCRIPTION OF DEFECTS HERE:

**MAINTENANCE DEPARTMENT COMMENTS**

**CHECK ALL DEFECTS**  [VEHICLE CONDITION REPORT]  [CHECK IF NO DEFECTS NOTED]

**TIRES, WHEELS & RIMS**  Flat  Marginal Tread  Loose Lug Nuts  Cracks, Cuts, or Damage  Grease Leaks

**ENGINE**  Coolant Leaks  Fuel Leaks  Oil Leaks  Misses  Overheats  Noises  Smoking  Low Oil Pressure

**BRAKES**  Service Brakes  Parking Brakes  Air / Hydraulic Leaks  Pulls to Left / Right

**STEERING**  Loose  Shimmy  Steers Hard  Pulls to Left / Right

**INSTRUMENTS AND GAUGES**  Air Pressure Gauge / Alarm  Amp Meter / Volt Gauge  Temperature Gauge  Oil Pressure Gauge  Speedometer

**VEHICLE CONDITION REPORT**  [CHECK IF NO DEFECTS NOTED]

**REAR AXLE**  Noisy  Grease Leaks

**DRIVE LINE**  Foreign Material  Noisy  Vibrations

**TRANSMISSION**  Noisy  Jumps Out of Gear  Hard Shifting  Grease Leaks

**EXTRUSION**  Will Not Start  Will Not Charge  Will Not Shut Down

**OTHER**  Hydraulic Leaks  Turnbuckle  Hydraulic Controls  Pump Leaks  PTO Leaks  Damaged Chains  Pump Noisy  PTO Noisy  Hydraulic Level  Crack / Damage on Body


CORRECTIVE ACTION / REPAIRS MADE AS PER DOT 396.11 (1)  
I CERTIFY THAT:  ITEMS NOTED DO NOT AFFECT THE SAFE OPERATION OF THIS VEHICLE.  
 REPAIRS OF THE NOTED DEFECTS HAVE BEEN CORRECTED.

MECHANIC'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

VEHICLE REPAIR ORDER NUMBER: \_\_\_\_\_ DATED: \_\_\_\_/\_\_\_\_/\_\_\_\_

I HAVE REVIEWED THIS VEHICLE CONDITION REPORT AS PER DOT 396.13 (b) & (c); DRIVER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

FORM # 360



Your Logo Here

**CONNECTIONS DRIVERS'S DAILY REPORT**

Truck# \_\_\_\_\_ Driver: \_\_\_\_\_ Date: \_\_\_\_\_ Day: \_\_\_\_\_ Route: \_\_\_\_\_

Origin \_\_\_\_\_ Destination \_\_\_\_\_

LF's Used \_\_\_\_\_ #Loads \_\_\_\_\_ Mileage \_\_\_\_\_ Ending \_\_\_\_\_ Tot TX Miles \_\_\_\_\_

Beginning \_\_\_\_\_ Tot OK Miles \_\_\_\_\_

Returning to TX \_\_\_\_\_ Tot Other State \_\_\_\_\_

Leaving TX \_\_\_\_\_ Name Other State \_\_\_\_\_

Del: \_\_\_\_\_ Total Loads \_\_\_\_\_ Engine Hrs. \_\_\_\_\_ Total Miles \_\_\_\_\_

Amount Left on Truck 1/4  1/2  3/4  Full

Company Fuel \_\_\_\_\_ (gal) Texas Fuel \_\_\_\_\_ (gal) Okla. Fuel \_\_\_\_\_ (gal) Purchased at \_\_\_\_\_

**PRE-TRIP AND POST-TRIP CHECK**

Out-Bound	In-Bound	Out-Bound	In-Bound	
				Ck/Clean Windows & Mirrors
				Ck Tires-Also Visual Ck for Cust & Loose Rims or Lugs
				Ck Operation of Hydraulics & Cycle
				Inspect Winch Cable, Chains, Hooks
				Ck Operation of 2-Way Radio
				Ck Brakes
				Ck All Guages
				Ck Coupling Devices
				Ck Steering
				Ck Exhaust
				Ck Body for Damage

**ITEMS NEEDING REPAIR (LIST ITEM AND DESCRIBE BELOW)**

ENGINE

ELECTRIC

HYDRAULIC

BRAKES

OTHER

CONDITION OF THE ABOVE VEHICLE IS SATISFACTORY Driver's Signature: \_\_\_\_\_

Above Defects Corrected  Above Defects Need Not Be Corrected for Safe Operations of Vehicle

Mechanics Signature \_\_\_\_\_ Date \_\_\_\_\_

Driver's Signature \_\_\_\_\_ Date \_\_\_\_\_

White=Dispatch      Yellow=Maintenance      Pink=Vehicle Copy


**K** Tractor & Trailer Daily Driver's Inspection & Vehicle Condition Report

**L** Connections Driver's Daily Report



# DVIR & VCR Pre/Post

## Form # 360

 DAILY DRIVER'S INSPECTION & VEHICLE CONDITION REPORT (DOT 396.11 396.13) V- DATE: \_\_\_\_\_

DISTRICT NUMBER: \_\_\_\_\_ VEHICLE NUMBER: \_\_\_\_\_ HOURS: FINISH: \_\_\_\_\_ ODOMETER: FINISH: \_\_\_\_\_  
 DRIVER NAME (PRINT IN BLOCK LETTERS): \_\_\_\_\_ START: \_\_\_\_\_ TOTAL: \_\_\_\_\_

<p><b>PRE-TRIP INSPECTION - DOT 396.13 (a)</b></p> <p><input type="checkbox"/> Alarm Operation (Check all appropriate alarms)  <input type="checkbox"/> FEL Arm <input type="checkbox"/> Fork <input type="checkbox"/> Hoist-up/Boom <input type="checkbox"/> Boom  <input type="checkbox"/> ASL Arm <input type="checkbox"/> Taggate <input type="checkbox"/> Reverse <input type="checkbox"/> Low Air Pres.</p> <p><input type="checkbox"/> 2010 Engine DEF Tank Filled  <input type="checkbox"/> Tires, Wheels and Rims  <input type="checkbox"/> Power Steering &amp; Auto Trans Fluid  <input type="checkbox"/> Engine Oil, Fuel, and Coolant  <input type="checkbox"/> Service Brakes and All Connections  <input type="checkbox"/> Parking (hand) Brake (s)  <input type="checkbox"/> Steering Mechanism  <input type="checkbox"/> Horn (s)  <input type="checkbox"/> Instruments and Gauges  <input type="checkbox"/> Lights and Reflectors  <input type="checkbox"/> Emergency Equipment  <input type="checkbox"/> Windshield Wipers  <input type="checkbox"/> Rear Vision Camera, Mirrors, &amp; Event Recorder  <input type="checkbox"/> Coupling Devices  <input type="checkbox"/> License Plate (s) and Registration</p> <p><input type="checkbox"/> Vehicle Damage      I have performed the above inspection and found each item in proper working order or I have noted defects below. _____/_____/_____      Driver's Signature _____ Date _____</p>	<p><b>POST-TRIP INSPECTION - DOT 396.11</b></p> <p><input type="checkbox"/> Alarm Operation (Check all appropriate alarms)  <input type="checkbox"/> FEL Arm <input type="checkbox"/> Fork <input type="checkbox"/> Hoist-up/Boom <input type="checkbox"/> Boom  <input type="checkbox"/> ASL Arm <input type="checkbox"/> Taggate <input type="checkbox"/> Reverse <input type="checkbox"/> Low Air Pres.</p> <p><input type="checkbox"/> Tires, Wheels and Rims  <input type="checkbox"/> Power Steering &amp; Auto Trans Fluid  <input type="checkbox"/> Engine Oil, Fuel, and Coolant  <input type="checkbox"/> Service Brakes and All Connections  <input type="checkbox"/> Parking (hand) Brake (s)  <input type="checkbox"/> Steering Mechanism  <input type="checkbox"/> Horn (s)  <input type="checkbox"/> Instruments and Gauges  <input type="checkbox"/> Lights and Reflectors  <input type="checkbox"/> Emergency Equipment  <input type="checkbox"/> Windshield Wipers  <input type="checkbox"/> Rear Vision Camera, Mirrors, &amp; Event Recorder  <input type="checkbox"/> Coupling Devices  <input type="checkbox"/> License Plate (s) and Registration  <input type="checkbox"/> Drain Air Tanks</p> <p>I have performed the above inspection and found each item in proper working order or I have noted defects below. _____/_____/_____      Driver's Signature _____ Date _____</p>
---	---

**TIRE PRESSURES**

AM	PM	AM	PM

URGENT SAFETY REPAIRS NECESSARY  
 DESCRIPTION OF DEFECTS HERE: \_\_\_\_\_


**MAINTENANCE DEPARTMENT COMMENTS**  
 \_\_\_\_\_

**CHECK ALL DEFECTS** **VEHICLE CONDITION REPORT** **CHECK IF NO DEFECTS NOTED**

<p><b>TIRES, WHEELS, &amp; RIMS</b></p> <p><input type="checkbox"/> Flat  <input type="checkbox"/> Low Air Pressure  <input type="checkbox"/> Marginal Tread  <input type="checkbox"/> Loose Lug Nuts  <input type="checkbox"/> Cracks, Cuts, or Damage  <input type="checkbox"/> Grease Leaks</p> <p><b>ENGINE</b></p> <p><input type="checkbox"/> Coolant Leaks  <input type="checkbox"/> Fuel Leaks  <input type="checkbox"/> Oil Leaks  <input type="checkbox"/> Misses  <input type="checkbox"/> Overheats  <input type="checkbox"/> Noises  <input type="checkbox"/> Smoking  <input type="checkbox"/> Low Oil Pressure</p> <p><b>BRAKES</b></p> <p><input type="checkbox"/> Service Brakes  <input type="checkbox"/> Parking Brakes  <input type="checkbox"/> Air / Hydraulic Leaks  <input type="checkbox"/> Pulls to Left / Right</p> <p><b>STEERING</b></p> <p><input type="checkbox"/> Loose  <input type="checkbox"/> Shimmy  <input type="checkbox"/> Steers Hard  <input type="checkbox"/> Pulls to Left / Right</p> <p><b>INSTRUMENTS AND GAUGES</b></p> <p><input type="checkbox"/> Air Pressure Gauge / Alarm  <input type="checkbox"/> Amp Meter / Volt Gauge  <input type="checkbox"/> Temperature Gauge  <input type="checkbox"/> Oil Pressure Gauge  <input type="checkbox"/> Speedometer</p>	<p><b>INSTRUMENTS AND GAUGES (cont.)</b></p> <p><b>LIGHTS</b></p> <p><input type="checkbox"/> Headlights  <input type="checkbox"/> Stop &amp; Tail Lights  <input type="checkbox"/> Turn Signals  <input type="checkbox"/> Marker Lights  <input type="checkbox"/> Reflectors  <input type="checkbox"/> Dash Lights</p> <p><b>CAB / CHASSIS</b></p> <p><input type="checkbox"/> Battery Box / Cover  <input type="checkbox"/> Doors  <input type="checkbox"/> Seat Belts  <input type="checkbox"/> Mirrors and Cab Glass  <input type="checkbox"/> Heater / Defroster  <input type="checkbox"/> Triangle Reflectors  <input type="checkbox"/> Fire Extinguisher  <input type="checkbox"/> Coupling Device (s)  <input type="checkbox"/> License Plate (s)  <input type="checkbox"/> Registration  <input type="checkbox"/> First Aid Kit  <input type="checkbox"/> Drive Cam Functionality  <input type="checkbox"/> Spill Kit</p> <p><b>SPRINGS</b></p> <p><input type="checkbox"/> Broken  <input type="checkbox"/> Loose U-Bolts</p> <p><b>CLUTCH</b></p> <p><input type="checkbox"/> Noisy  <input type="checkbox"/> Slipping  <input type="checkbox"/> Adjust Clutch  <input type="checkbox"/> Clutch Brake</p>	<p><b>REAR AXLE</b></p> <p><input type="checkbox"/> Noisy  <input type="checkbox"/> Grease Leaks</p> <p><b>DRIVE LINE</b></p> <p><input type="checkbox"/> Foreign Material  <input type="checkbox"/> Vibrations</p> <p><b>TRANSMISSION</b></p> <p><input type="checkbox"/> Noisy  <input type="checkbox"/> Jumps Out of Gear  <input type="checkbox"/> Hard Shifting  <input type="checkbox"/> Grease Leaks</p> <p><b>ELECTRICAL</b></p> <p><input type="checkbox"/> Will Not Start  <input type="checkbox"/> Will Not Charge  <input type="checkbox"/> Will Not Shut Down</p> <p><b>BODY</b></p> <p><input type="checkbox"/> Hydraulic Leaks  <input type="checkbox"/> Left Side-Cyl  <input type="checkbox"/> Right Side-Cyl  <input type="checkbox"/> Fork-Cyl  <input type="checkbox"/> Rear-Cyl  <input type="checkbox"/> Top Door-Cyl  <input type="checkbox"/> Rear Door-Cyl  <input type="checkbox"/> Will Not Pack Properly  <input type="checkbox"/> Damaged Pins  <input type="checkbox"/> Turnbuckle  <input type="checkbox"/> Hydraulic Controls  <input type="checkbox"/> Pump Leaks  <input type="checkbox"/> PTO Leaks  <input type="checkbox"/> Hydraulic Level  <input type="checkbox"/> Body Mounting bolts  <input type="checkbox"/> Hoist Cable  <input type="checkbox"/> Crack / Damage on Body</p> <p><input type="checkbox"/> Alarm Operation (Check all appropriate alarms)  <input type="checkbox"/> FEL Arm <input type="checkbox"/> Fork <input type="checkbox"/> Hoist-up/Boom <input type="checkbox"/> Boom  <input type="checkbox"/> ASL Arm <input type="checkbox"/> Taggate <input type="checkbox"/> Reverse <input type="checkbox"/> Low Air Pres.</p>
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CORRECTIVE ACTION / REPAIRS MADE AS PER DOT 396.11 (1)  
 I CERTIFY THAT  ITEMS NOTED DO NOT AFFECT THE SAFE OPERATION OF THIS VEHICLE.  
 REPAIRS OF THE NOTED DEFECTS HAVE BEEN CORRECTED.

MECHANIC'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 VEHICLE REPAIR ORDER NUMBER: \_\_\_\_\_ DATED: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 I HAVE REVIEWED THIS VEHICLE CONDITION REPORT AS PER DOT 396.13 (b) & (c). DRIVER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 www.northstarforms.com FORM # 360

 DAILY DRIVER'S INSPECTION & VEHICLE CONDITION REPORT (DOT 396.11 396.13) V- DATE: \_\_\_\_\_

DISTRICT NUMBER: \_\_\_\_\_ VEHICLE NUMBER: \_\_\_\_\_ HOURS: FINISH: \_\_\_\_\_ ODOMETER: FINISH: \_\_\_\_\_  
 DRIVER NAME (PRINT IN BLOCK LETTERS): \_\_\_\_\_ START: \_\_\_\_\_ TOTAL: \_\_\_\_\_

<p><b>PRE-TRIP INSPECTION - DOT 396.13 (a)</b></p> <p><input type="checkbox"/> Alarm Operation (Check all appropriate alarms)  <input type="checkbox"/> FEL Arm <input type="checkbox"/> Fork <input type="checkbox"/> Hoist-up/Boom <input type="checkbox"/> Boom  <input type="checkbox"/> ASL Arm <input type="checkbox"/> Taggate <input type="checkbox"/> Reverse <input type="checkbox"/> Low Air Pres.</p> <p><input type="checkbox"/> 2010 Engine DEF Tank Filled  <input type="checkbox"/> Tires, Wheels and Rims  <input type="checkbox"/> Power Steering &amp; Auto Trans Fluid  <input type="checkbox"/> Engine Oil, Fuel, and Coolant  <input type="checkbox"/> Service Brakes and All Connections  <input type="checkbox"/> Parking (hand) Brake (s)  <input type="checkbox"/> Steering Mechanism  <input type="checkbox"/> Horn (s)  <input type="checkbox"/> Instruments and Gauges  <input type="checkbox"/> Lights and Reflectors  <input type="checkbox"/> Emergency Equipment  <input type="checkbox"/> Windshield Wipers  <input type="checkbox"/> Rear Vision Camera, Mirrors, &amp; Event Recorder  <input type="checkbox"/> Coupling Devices  <input type="checkbox"/> License Plate (s) and Registration</p> <p><input type="checkbox"/> Vehicle Damage      I have performed the above inspection and found each item in proper working order or I have noted defects below. _____/_____/_____      Driver's Signature _____ Date _____</p>	<p><b>POST-TRIP INSPECTION - DOT 396.11</b></p> <p><input type="checkbox"/> Alarm Operation (Check all appropriate alarms)  <input type="checkbox"/> FEL Arm <input type="checkbox"/> Fork <input type="checkbox"/> Hoist-up/Boom <input type="checkbox"/> Boom  <input type="checkbox"/> ASL Arm <input type="checkbox"/> Taggate <input type="checkbox"/> Reverse <input type="checkbox"/> Low Air Pres.</p> <p><input type="checkbox"/> Tires, Wheels and Rims  <input type="checkbox"/> Power Steering &amp; Auto Trans Fluid  <input type="checkbox"/> Engine Oil, Fuel, and Coolant  <input type="checkbox"/> Service Brakes and All Connections  <input type="checkbox"/> Parking (hand) Brake (s)  <input type="checkbox"/> Steering Mechanism  <input type="checkbox"/> Horn (s)  <input type="checkbox"/> Instruments and Gauges  <input type="checkbox"/> Lights and Reflectors  <input type="checkbox"/> Emergency Equipment  <input type="checkbox"/> Windshield Wipers  <input type="checkbox"/> Rear Vision Camera, Mirrors, &amp; Event Recorder  <input type="checkbox"/> Coupling Devices  <input type="checkbox"/> License Plate (s) and Registration  <input type="checkbox"/> Drain Air Tanks</p> <p>I have performed the above inspection and found each item in proper working order or I have noted defects below. _____/_____/_____      Driver's Signature _____ Date _____</p>
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**TIRE PRESSURES**

AM	PM	AM	PM

URGENT SAFETY REPAIRS NECESSARY  
 DESCRIPTION OF DEFECTS HERE: \_\_\_\_\_

**MAINTENANCE DEPARTMENT COMMENTS**  
 \_\_\_\_\_

**CHECK ALL DEFECTS** **VEHICLE CONDITION REPORT** **CHECK IF NO DEFECTS NOTED**

<p><b>TIRES, WHEELS, &amp; RIMS</b></p> <p><input type="checkbox"/> Flat  <input type="checkbox"/> Low Air Pressure  <input type="checkbox"/> Marginal Tread  <input type="checkbox"/> Loose Lug Nuts  <input type="checkbox"/> Cracks, Cuts, or Damage  <input type="checkbox"/> Grease Leaks</p> <p><b>ENGINE</b></p> <p><input type="checkbox"/> Coolant Leaks  <input type="checkbox"/> Fuel Leaks  <input type="checkbox"/> Oil Leaks  <input type="checkbox"/> Misses  <input type="checkbox"/> Overheats  <input type="checkbox"/> Noises  <input type="checkbox"/> Smoking  <input type="checkbox"/> Low Oil Pressure</p> <p><b>BRAKES</b></p> <p><input type="checkbox"/> Service Brakes  <input type="checkbox"/> Parking Brakes  <input type="checkbox"/> Air / Hydraulic Leaks  <input type="checkbox"/> Pulls to Left / Right</p> <p><b>STEERING</b></p> <p><input type="checkbox"/> Loose  <input type="checkbox"/> Shimmy  <input type="checkbox"/> Steers Hard  <input type="checkbox"/> Pulls to Left / Right</p> <p><b>INSTRUMENTS AND GAUGES</b></p> <p><input type="checkbox"/> Air Pressure Gauge / Alarm  <input type="checkbox"/> Amp Meter / Volt Gauge  <input type="checkbox"/> Temperature Gauge  <input type="checkbox"/> Oil Pressure Gauge  <input type="checkbox"/> Speedometer</p>	<p><b>INSTRUMENTS AND GAUGES (cont.)</b></p> <p><b>LIGHTS</b></p> <p><input type="checkbox"/> Headlights  <input type="checkbox"/> Stop &amp; Tail Lights  <input type="checkbox"/> Turn Signals  <input type="checkbox"/> Marker Lights  <input type="checkbox"/> Reflectors  <input type="checkbox"/> Dash Lights</p> <p><b>CAB / CHASSIS</b></p> <p><input type="checkbox"/> Battery Box / Cover  <input type="checkbox"/> Doors  <input type="checkbox"/> Seat Belts  <input type="checkbox"/> Mirrors and Cab Glass  <input type="checkbox"/> Heater / Defroster  <input type="checkbox"/> Triangle Reflectors  <input type="checkbox"/> Fire Extinguisher  <input type="checkbox"/> Coupling Device (s)  <input type="checkbox"/> License Plate (s)  <input type="checkbox"/> Registration  <input type="checkbox"/> First Aid Kit  <input type="checkbox"/> Drive Cam Functionality  <input type="checkbox"/> Spill Kit</p> <p><b>SPRINGS</b></p> <p><input type="checkbox"/> Broken  <input type="checkbox"/> Loose U-Bolts</p> <p><b>CLUTCH</b></p> <p><input type="checkbox"/> Noisy  <input type="checkbox"/> Slipping  <input type="checkbox"/> Adjust Clutch  <input type="checkbox"/> Clutch Brake</p>	<p><b>REAR AXLE</b></p> <p><input type="checkbox"/> Noisy  <input type="checkbox"/> Grease Leaks</p> <p><b>DRIVE LINE</b></p> <p><input type="checkbox"/> Foreign Material  <input type="checkbox"/> Vibrations</p> <p><b>TRANSMISSION</b></p> <p><input type="checkbox"/> Noisy  <input type="checkbox"/> Jumps Out of Gear  <input type="checkbox"/> Hard Shifting  <input type="checkbox"/> Grease Leaks</p> <p><b>ELECTRICAL</b></p> <p><input type="checkbox"/> Will Not Start  <input type="checkbox"/> Will Not Charge  <input type="checkbox"/> Will Not Shut Down</p> <p><b>BODY</b></p> <p><input type="checkbox"/> Hydraulic Leaks  <input type="checkbox"/> Left Side-Cyl  <input type="checkbox"/> Right Side-Cyl  <input type="checkbox"/> Fork-Cyl  <input type="checkbox"/> Rear-Cyl  <input type="checkbox"/> Top Door-Cyl  <input type="checkbox"/> Rear Door-Cyl  <input type="checkbox"/> Will Not Pack Properly  <input type="checkbox"/> Damaged Pins  <input type="checkbox"/> Turnbuckle  <input type="checkbox"/> Hydraulic Controls  <input type="checkbox"/> Pump Leaks  <input type="checkbox"/> PTO Leaks  <input type="checkbox"/> Hydraulic Level  <input type="checkbox"/> Body Mounting bolts  <input type="checkbox"/> Hoist Cable  <input type="checkbox"/> Crack / Damage on Body</p> <p><input type="checkbox"/> Alarm Operation (Check all appropriate alarms)  <input type="checkbox"/> FEL Arm <input type="checkbox"/> Fork <input type="checkbox"/> Hoist-up/Boom <input type="checkbox"/> Boom  <input type="checkbox"/> ASL Arm <input type="checkbox"/> Taggate <input type="checkbox"/> Reverse <input type="checkbox"/> Low Air Pres.</p>
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 I CERTIFY THAT  ITEMS NOTED DO NOT AFFECT THE SAFE OPERATION OF THIS VEHICLE.  
 REPAIRS OF THE NOTED DEFECTS HAVE BEEN CORRECTED.

MECHANIC'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 VEHICLE REPAIR ORDER NUMBER: \_\_\_\_\_ DATED: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 I HAVE REVIEWED THIS VEHICLE CONDITION REPORT AS PER DOT 396.13 (b) & (c). DRIVER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 www.northstarforms.com FORM # 360

**M** Daily Driver's Inspection & Vehicle Condition Report


**N** Daily Driver's Inspection & Vehicle Condition Report

# DVIR & VCR Pre/Post


## Form # 334

NORTH STAR SERVICES (877) 499-0492

FORM #380



**MOTORIZED VEHICLE**  
Pre & Post Trip Inspection



**Your Logo Here**

Operators Name:  Unit Number:


Date of Inspection:  Miles or Hours Ending:

	Pre-Trip	Post-Trip	
Check Engine Oil Level			List Specific Requested Repairs Here
Check Automatic Transmission Oil Level			
Check Power Steering Fluid			
Inspect Engine Compartment			
Check Brake Fluid Level			
Check Coolant Level			
Inspect Tires, Lug nuts & Wheels			
<b>OPERATOR Compartment</b>			
Dash Gauges Operational			
Dash Lights Operational			
Inspect Steering & Suspension			
First Aid Kit Available and Stocked			
Inspect Operation of Brakes			
Inspect Exterior Lighting			
Is Interior Clean			
Is Exterior Clean			
<b>VEHICLE Operation</b>			
Auxiliary Functions, Wipers & Mirrors			
Fluids Compartment Leakage			
Inspect Horn Operation			
Inspect Back Up Alarm			
Inspect Strobe Light Operation			
Air Hoses & Electrical Connections			

Operators Signature Here: \_\_\_\_\_

**O** Motorized Vehicle Pre & Post Trip Inspection

## Form # 270



253651

**VEHICLE INSPECTION FORM**

UNIT # \_\_\_\_\_ DATE \_\_\_\_\_

PASS	FAIL	
<input type="checkbox"/>	<input type="checkbox"/>	CAB CLEANLINESS / EXTERIOR CLEAN / WINDOWS & MIRRORS NON-DAMAGED
<input type="checkbox"/>	<input type="checkbox"/>	EXISTING / NEW DAMAGE
<input type="checkbox"/>	<input type="checkbox"/>	HOPPER / BLADE CLEAN
<input type="checkbox"/>	<input type="checkbox"/>	PAPERWORK (INSURANCE CARD, DOT CARD, REGISTRATION, AND INSPECTION DOCUMENTATION)
<input type="checkbox"/>	<input type="checkbox"/>	SAFETY EQUIPMENT (TRIANGLES, SPILL KIT, CAMERA, FIRE EXT., SEAT BELTS)
<input type="checkbox"/>	<input type="checkbox"/>	VCR FILLED OUT PROPERLY
<input type="checkbox"/>	<input type="checkbox"/>	ENGINE COMPARTMENT / CYLINDER WELLS FREE OF DEBRIS
<input type="checkbox"/>	<input type="checkbox"/>	TIRES / LUGS / RIMS IN COMPLIANCE
<input type="checkbox"/>	<input type="checkbox"/>	HOIST / BODY UP / TAILGATE / REVERSE ALARMS WORKING
<input type="checkbox"/>	<input type="checkbox"/>	ARMS / FORK UP ALARMS WORKING
<input type="checkbox"/>	<input type="checkbox"/>	HEADLIGHTS, SIGNALS, BRAKE, MARKER, LP, WORK ETC. - IN WORKING ORDER

COMMENTS:  
\_\_\_\_\_  
\_\_\_\_\_

INSPECTED BY: \_\_\_\_\_

(877) 499-0492 DONC@NORTHSTARFORMS.COM FORM NO. 270.GEN

**P** Vehicle Inspection Form