

**UNIVERSITY OF NORTHERN COLORADO
DRIVER'S VEHICLE INSPECTION REPORT**



In Compliance With 49 CFR 396.11 & 13 of the Federal Motor Carrier Safety Regulations

Carrier: UNIVERSITY OF NORTHERN COLORADO		Carrier Number: USDOT 1742212CO	
Address: 501 20th STREET - CAMPUS BOX 57		City: GREELEY	Zip Code: 80639
<input type="checkbox"/> PRE-TRIP	Date:	Time: <input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="radio"/> POST-TRIP
Odometer Reading (miles):		Starting Mileage:	Ending Mileage:

Preview Vehicle - begin with a walk-around using the previous Post-Trip Inspection
 Check any defective item using the for Pre-Trip and the for Post-Trip inspection and provide details under "Remarks."
 For Section B and Section C only, **cross out non-applicable items.**

A. Tractor / Truck (Vehicle) License Plate:

Engine

<input type="checkbox"/> <input type="radio"/> Fluid Leaks	<input type="checkbox"/> <input type="radio"/> Battery	<input type="checkbox"/> <input type="radio"/> Radiator	<input type="checkbox"/> <input type="radio"/> Engine	<input type="checkbox"/> <input type="radio"/> Starter
<input type="checkbox"/> <input type="radio"/> All Fluid Levels	<input type="checkbox"/> <input type="radio"/> Transmission			

Cab

<input type="checkbox"/> <input type="radio"/> Oil Pressure	<input type="checkbox"/> <input type="radio"/> Windshield	<input type="checkbox"/> <input type="radio"/> Windows	<input type="checkbox"/> <input type="radio"/> Wipers (functionality)	<input type="checkbox"/> <input type="radio"/> Wipers (blade condition)
<input type="checkbox"/> <input type="radio"/> Clutch (if equipped)	<input type="checkbox"/> <input type="radio"/> Dashboard Lights	<input type="checkbox"/> <input type="radio"/> Horn	<input type="checkbox"/> <input type="radio"/> Mirrors	<input type="checkbox"/> <input type="radio"/> All Instrument Gauges
<input type="checkbox"/> <input type="radio"/> Fire Extinguisher	<input type="checkbox"/> <input type="radio"/> Reflective Triangles	<input type="checkbox"/> <input type="radio"/> Defroster/Heater	<input type="checkbox"/> <input type="radio"/> Spare Fuses/Bulbs	<input type="checkbox"/> <input type="radio"/> First Aid Kit (if equipped)

Fuel Level: Circle One; if unsure, round down (if 1/4 or less, fuel vehicle prior to end of shift!!)

Pre-Trip Level: F 3/4 1/2 1/4 E Post-Trip Level: F 3/4 1/2 1/4 E

Walk-Around

<input type="checkbox"/> <input type="radio"/> Steering System	<input type="checkbox"/> <input type="radio"/> Body (note damage below)	<input type="checkbox"/> <input type="radio"/> Fuel Tank(s)	<input type="checkbox"/> <input type="radio"/> Tires (tread / pressure)	<input type="checkbox"/> <input type="radio"/> Tire Chains (if equipped)
<input type="checkbox"/> <input type="radio"/> Rear End	<input type="checkbox"/> <input type="radio"/> Fluid Leaks (non-engine)	<input type="checkbox"/> <input type="radio"/> Front Axle	<input type="checkbox"/> <input type="radio"/> Wheels / Rims	<input type="checkbox"/> <input type="radio"/> Tarpaulin (if equipped)
<input type="checkbox"/> <input type="radio"/> Suspension System	<input type="checkbox"/> <input type="radio"/> Drive Line	<input type="checkbox"/> <input type="radio"/> Muffler(s)	<input type="checkbox"/> <input type="radio"/> Lug Nuts	<input type="checkbox"/> <input type="radio"/> Mud Flaps (if equipped)
<input type="checkbox"/> <input type="radio"/> Exhaust System	<input type="checkbox"/> <input type="radio"/> Frame / Assembly	<input type="checkbox"/> <input type="radio"/> Coupling Devices (if equipped)	<input type="checkbox"/> <input type="radio"/> Roof (note damage below)	

Lights & Visibility

<input type="checkbox"/> <input type="radio"/> Headlamps (Hi / Lo)	<input type="checkbox"/> <input type="radio"/> Parking Lights	<input type="checkbox"/> <input type="radio"/> Turn Signals	<input type="checkbox"/> <input type="radio"/> Backup	<input type="checkbox"/> <input type="radio"/> Brake
<input type="checkbox"/> <input type="radio"/> Hazard / Warning	<input type="checkbox"/> <input type="radio"/> Reflectors (if equipped)	<input type="checkbox"/> <input type="radio"/> Interior / Dome	<input type="checkbox"/> <input type="radio"/> Backup Beeper (if equipped)	
<input type="checkbox"/> <input type="radio"/> Backup Sonar (if equipped)	<input type="checkbox"/> <input type="radio"/> Other:			

Brake System

<input type="checkbox"/> <input type="radio"/> Parking Brake(s)	<input type="checkbox"/> <input type="radio"/> Service Brakes	<input type="checkbox"/> <input type="radio"/> Air Compressor (if equipped)	<input type="checkbox"/> <input type="radio"/> Air Lines (if equipped)
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Other Vehicle Items Not Specifically Listed In This Section (if applicable):

B. Trailer License Plate: Starting Mileage (from hub) if applicable:

<input type="checkbox"/> <input type="radio"/> Brake Connections	<input type="checkbox"/> <input type="radio"/> Brakes	<input type="checkbox"/> <input type="radio"/> Tires	<input type="checkbox"/> <input type="radio"/> Coupling Device	<input type="checkbox"/> <input type="radio"/> Break-Away Brake
<input type="checkbox"/> <input type="radio"/> Hitch	<input type="checkbox"/> <input type="radio"/> Landing Gear	<input type="checkbox"/> <input type="radio"/> Lights - All	<input type="checkbox"/> <input type="radio"/> Doors	<input type="checkbox"/> <input type="radio"/> Tarpaulin
<input type="checkbox"/> <input type="radio"/> Suspension System	<input type="checkbox"/> <input type="radio"/> Wheels / Rims	<input type="checkbox"/> <input type="radio"/> Lug Nuts	<input type="checkbox"/> <input type="radio"/> Coupling (King) Pin	<input type="checkbox"/> <input type="radio"/> Reflectors
<input type="checkbox"/> <input type="radio"/> Attenuator Bolts	<input type="checkbox"/> <input type="radio"/> Attenuator Pins	<input type="checkbox"/> <input type="radio"/> Roof	<input type="checkbox"/> <input type="radio"/> Other:	

C. Aerial Device (Inspection of Vehicle Components Is Accomplished in the "Tractor / Truck" Section):

<input type="checkbox"/> <input type="radio"/> Fluid Leaks	<input type="checkbox"/> <input type="radio"/> Fasteners	<input type="checkbox"/> <input type="radio"/> All Fluid Levels	<input type="checkbox"/> <input type="radio"/> Power Take-Off	<input type="checkbox"/> <input type="radio"/> Liner
<input type="checkbox"/> <input type="radio"/> Outriggers	<input type="checkbox"/> <input type="radio"/> Hydraulic System	<input type="checkbox"/> <input type="radio"/> Retaining Pins	<input type="checkbox"/> <input type="radio"/> Welds	<input type="checkbox"/> <input type="radio"/> Bucket
<input type="checkbox"/> <input type="radio"/> Fiberglass Extension	<input type="checkbox"/> <input type="radio"/> Safety Belts & Straps	<input type="checkbox"/> <input type="radio"/> Test Bucket Lift Controls	<input type="checkbox"/> <input type="radio"/> Test Ground Controls	
<input type="checkbox"/> <input type="radio"/> Warning Lights	<input type="checkbox"/> <input type="radio"/> Torque Seals	<input type="checkbox"/> <input type="radio"/> Other:		

<p>Remarks:</p>	<p>Body Damage (pre/post-trip)</p> <p><i>Note: A police report is required for any new vehicle damage that occurs during your shift.</i></p> <table style="width:100%;"> <tr> <td>1/A - Slight</td> <td>2/B - Moderate</td> <td>3/C - Severe</td> </tr> </table> <p>20 - Undercarriage</p>	1/A - Slight	2/B - Moderate	3/C - Severe
1/A - Slight	2/B - Moderate	3/C - Severe		

PRE-TRIP CONDITION OF THE ABOVE VEHICLE IS SATISFACTORY

Pre-Trip Driver's Printed Name:	Pre-Trip Driver's Signature:
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<input type="checkbox"/> <input type="radio"/> ABOVE DEFECTS CORRECTED	Mechanic's Signature:	Date:
<input type="checkbox"/> <input type="radio"/> ABOVE DEFECTS NEED NOT BE CORRECTED FOR SAFE OPERATION OF THIS VEHICLE		

Reviewing Driver's Printed Name (mid-shift new driver):	Reviewing Driver's Signature:
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POST-TRIP CONDITION OF THE ABOVE VEHICLE IS SATISFACTORY; MECHANIC'S REPAIRS CONFIRMED, IF APPLICABLE

Post-Trip Driver's Printed Name:	Post-Trip Driver's Signature:
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