

SD8 Operations Vehicle ~ Pre-Trip Inspection

| | Date | Time | Driver (Print & Sign) | Mileage | Pre-Trip | Post-Trip |
|------|------|------|-----------------------|---------|----------|-----------|
| Sun | | | | | | |
| Mon | | | | | | |
| Tues | | | | | | |
| Wed | | | | | | |
| Thur | | | | | | |
| Fri | | | | | | |
| Sat | | | | | | |

| Sun | Mon | Tues | Wed | Thur | Fri | Sat | Vehicle Under Hood | Unit # _____ |
|-----|-----|------|-----|------|-----|-----|---|----------------------|
| | | | | | | | 1. Coolant Levels | |
| | | | | | | | 2. Oil Levels | |
| | | | | | | | 3. Belt/Hoses | |
| | | | | | | | 4. Item(s) Loose or Leaking | |
| | | | | | | | 5. Transmission | |
| | | | | | | | In Cab | |
| | | | | | | | 6. Seat and Mirror Adjustment | |
| | | | | | | | 7. Start Engine, check gauges | |
| | | | | | | | 8. Wipers - Horn - Lights | |
| | | | | | | | Outside | |
| | | | | | | | 9. Inspect Body and Glass for Damage | |
| | | | | | | | 10. All Lights and Signals | |
| | | | | | | | 11. Tires, Wheels and Mudflaps | |
| | | | | | | | 12. Steering and Brakes | |
| | | | | | | | 13. Load Securement | |
| | | | | | | | Trailer | Unit #: _____ |
| | | | | | | | 1. Brake away switch (if equipped) | |
| | | | | | | | 2. Brakes/Brake Connection | |
| | | | | | | | 3. Coupling/Chains | |
| | | | | | | | 4. Landing Gear | |
| | | | | | | | 5. Lights and Reflectors | |
| | | | | | | | 6. Trailer Plug/Wiring | |
| | | | | | | | 7. Springs | |
| | | | | | | | 8. Tie Downs | |
| | | | | | | | 9. Tires/Wheels | |
| | | | | | | | 10. Other | |
| | | | | | | | 11. Hitches and Coupling devices | |
| | | | | | | | No defect was noted or came to the attention of the Driver | |
| | | | | | | | Above defect(s) need not be corrected for the safe operation of vehicle | |

Comments: (List any deficiency or damage and the date it occurred)

Carrier/Agent's Report:

Above defects corrected

Above defects need not be corrected for safe operation of vehicle

Signature: _____ Date: _____