

USE TIME STANDARD AT HOME TERMINAL

PERSONAL USE:

Start Odometer
End Odometer

DRIVER'S VEHICLE INSPECTION REPORT

Company Name & Address: B.N. DULAY'S TRUX LTD. 10766 - 120 ST, SURREY, BC V3V 4G6

Pre-trip Time of inspection: _____ AM/PM Date: _____ Location of Inspection: _____

Post-trip Time of inspection: _____ AM/PM Date: _____ Location of Inspection: _____

Tractor/Truck Plate or Unit No.: _____ Trailer(s) Plate Unit No.: #1 _____ #2 _____

declare that the vehicle(s) shown above has (have) been inspected in accordance with the applicable requirements.

Inspector / Driver's Name Print _____ Inspector / Driver's Signature _____ Driver's Signature (If Different From Inspector) _____

No Defect Found

If Item is Defected Use X Under the D Column / When Repaired Use ✓ Under the R Column

Tractor/Truck		Trailer #			
D	R	D/Defect	R/Repaired	1	2
		1. Air Brake System			
		2. Cab			
		3. Cargo Securement			
		4. Coupling Devices			
		5. Dangerous Goods (If Any)			
		6. Driver Controls			
		7. Driver Seat			
		8. Electric Brake System			

Tractor/Truck		Trailer #			
D	R	D/Defect	R/Repaired	1	2
		9. Emergency Equipment & Safety Devices			
		10. Exhausted System			
		11. Frame & Cargo Body			
		12. Fuel System			
		13. General Defects			
		14. Glass & Mirrors			
		15. Heater / Defroster			
		16. Horn			

Tractor/Truck		Trailer #			
D	R	D/Defect	R/Repaired	1	2
		17. Hydraulic Brake System			
		18. Lamps & Reflectors			
		19. Steering			
		20. Suspension System			
		21. Tires			
		22. Wheels / Hubs / Fasteners			
		23. Windshield Wipers & Washers			

Remark: _____

Above defects corrected

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

Authorized Repair's Signature

Date

Driver's Signature

Date

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