

VEHICLE INSPECTION GUIDE

A WCF INSURANCE TOOLKIT

Vehicle Inspection Guide

The following sample resources can be used to conduct a step-by-step pre-trip inspection of your commercial motor vehicle. Use chock blocks to prevent the vehicle from inadvertently moving during the inspection. Just like breakfast is the most important meal of the day, your pre-trip inspection is the cornerstone to operating a healthy motor vehicle. The reasons for having a healthy vehicle should be obvious. A healthy vehicle ensures the safety of not just the driver, but also everyone else on the road.

A commercial motor vehicle is defined as:

1. Having a gross vehicle weight rating or gross combination weight rating of 10,001 pounds or more; or
2. Is designed or used to transport more than eight passengers (including the driver) for compensation; or
3. Is designed or used to transport more than 15 passengers, including the driver, and is not used to transport passengers for compensation; or
4. Is used to transport material found by the Secretary of Transportation to be hazardous under 49 U.S.C. 5103 and transported in a quantity requiring placarding under regulations prescribed by the Secretary under 49 U.S.C. 5103.

**Note – These are federal definitions of a commercial motor vehicle. We recommend that you also look at your respective state requirements.*

CARRY AT LEAST THE FOLLOWING ITEMS WITH YOU DURING YOUR INSPECTION:

- Flashlight to see in dark or shaded areas
- Clean rag to wipe off light lenses and reflective tape
- Air gauge to check tire pressures

GUIDELINES

- Check the vehicle's general condition. Start about 20 feet away to view the entire vehicle. Check underneath for any puddles or pools of oil and other vehicle fluids. Look for any visible damage to the vehicle and for anything that may be hanging or dragging underneath.
- Walk around the vehicle and inspect all major equipment items. During the walk-around, constantly look for any body and/or frame damage to the bus, tractor, trailer, and cargo.
- Check the condition of all tires and rims and use a tire gauge to check inflation. Tire thumpers do not identify improperly inflated tires.
- Check the brake system. Listen for air leaks. Confirm all brakes are in proper adjustment.
- Start the engine and check for any unusual smells and noises. Watch for fluid leaks as well.
- Check all gauges to make sure they are functioning properly.
- Activate horns to make sure they work properly.
- Inspect the steering system. Check for loose play and look for broken parts.
- Check mirrors for proper adjustment, cleanliness, and securement.
- Activate windshield wipers to check for proper operation. Check for any worn or damaged wiper blades and that the windshield washer reservoir is full.
- Check all lights for proper operation, including headlights, taillights, brake lights, directional lights, and warning lights.
- Check under the hood for worn belts, leaking fluids, cracked wires, etc.
- Review the vehicle inspection report that was completed at the end of the last trip. If any defects were reported on that inspection report, make sure the defects are corrected before signing the report and beginning the trip.

Commonly Overlooked Inspection Tips

All drivers know the importance of performing a proper pre-trip inspection of their vehicles so they can operate safely on the road. The most important pre-trip inspection, however, is one that's often overlooked: making sure the driver is in a good condition to be on the road. Drivers must take time before their trips to determine if they are mentally and physically prepared for the long day and check to see if they have all the necessary paperwork for their trip. Provide the following list of questions to your drivers to ask themselves during their pre-trip inspections:

1. Is your driver's license current, proper for the vehicle you'll be driving, and does it include the proper endorsements?
2. Do you have your Department of Transportation medical card and is it current? (This is a common violation found at roadside inspections.)
3. Is your logbook current to your last change-of-duty status?
4. Do you have enough hours to not be in violation of the 70-/80-hours-of-service rule?
5. Is all the required information filled out in the logbook, including form and manner violations?
6. Do you have the current and proper paperwork?
 - Insurance card?
 - Registrations?
 - Permits?
 - International fuel tax agreement (IFTA) documents?
 - Shipping papers? Are they filled out correctly, especially if you are transporting hazardous materials?
 - Hazardous materials placard (if hauling a hazardous load)?
7. Do you have proper annual inspection documents for each piece of equipment in your vehicle?
8. Do you have the proper directions to get to your destination?
9. How are you feeling today? Are you mentally and physically prepared for your trip or do you have any conditions that will interfere with the safe operation of the vehicle?
10. Do you have proper clothing and items you will need during your trip?
11. Do you have the medications you will need during your trip? Will any of these medications cause drowsiness or otherwise interfere with your ability to safely drive your vehicle? If the answer is yes, you need to check with your physician for medications that will not produce unsafe side effects on your driving and non-driving duties.
12. Keep in mind, this list is not exhaustive. There may be other items you need to add to the pre-trip inspection checklist depending on driver loads, vehicles, destinations, and physical and mental health conditions.



Driver's Daily Vehicle Inspection Report – Light Vehicles

Location	
Date	Time a.m. p.m.
Vehicle Number	Odometer Reading

Check any defective item and give details in the "Remarks" section below.

If this is a commercial vehicle, does driver have DOT medical card? ☐ YES ☐ NO

(See *Vehicle Inspection Guide* for clarification.)

- | | | |
|--|---|---|
| <input type="checkbox"/> Accident packet | <input type="checkbox"/> Lights | <input type="checkbox"/> Safety equipment |
| <input type="checkbox"/> Battery | <input type="checkbox"/> Head | <input type="checkbox"/> Fire extinguisher (if applicable) |
| <input type="checkbox"/> Body | <input type="checkbox"/> Tail | <input type="checkbox"/> Reflective triangles (if applicable) |
| <input type="checkbox"/> Brakes | <input type="checkbox"/> Stop | <input type="checkbox"/> Backup alarm (if applicable) |
| <input type="checkbox"/> Defroster/heat | <input type="checkbox"/> Dash | <input type="checkbox"/> Seatbelts |
| <input type="checkbox"/> Emergency kit | <input type="checkbox"/> Turn indicators | <input type="checkbox"/> Steering |
| <input type="checkbox"/> Fluids | <input type="checkbox"/> Emergency flasher | <input type="checkbox"/> Tires/pressure |
| <input type="checkbox"/> Wiper | <input type="checkbox"/> Mirrors | <input type="checkbox"/> Wheels, lug nuts, lug wrench, jack |
| <input type="checkbox"/> Brake | <input type="checkbox"/> Muffler-exhaust system | <input type="checkbox"/> Windows |
| <input type="checkbox"/> Coolant | <input type="checkbox"/> Oil pressure | <input type="checkbox"/> Windshield wipers |
| <input type="checkbox"/> Power steering | <input type="checkbox"/> Radiator | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Horn | | |

TRAILER (WHERE APPLICABLE)

- | | | |
|--|---|--|
| <input type="checkbox"/> Brake connections | <input type="checkbox"/> Lights – all | <input type="checkbox"/> Wheels and lug nuts |
| <input type="checkbox"/> Brakes | <input type="checkbox"/> Reflectors | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Safety chains | <input type="checkbox"/> Roof | |
| <input type="checkbox"/> Hitch | <input type="checkbox"/> Tarpaulin/load cover | |
| <input type="checkbox"/> Landing gear | <input type="checkbox"/> Tires/pressure | |

REMARKS:

Condition of above vehicle is satisfactory: ☐ YES ☐ NO

Driver signature: _____

Above defects corrected: ☐ YES ☐ NO

Above defects need not be corrected for safe operation of vehicle: ☐ YES ☐ NO

Mechanic signature: _____

Driver reviewing repairs signature: _____ Date: _____

Driver's Daily Vehicle Inspection Report – Heavy Vehicles

Location	
Date	Time a.m. p.m.
Odometer Reading	

Check any defective item and give details in the "Remarks" section below

VEHICLE NUMBER: _____

If vehicle is commercial, does driver have DOT medical card: ☐ YES ☐ NO

- | | | |
|---|---|--|
| <input type="checkbox"/> Air compressor | <input type="checkbox"/> Frame and assembly | <input type="checkbox"/> Spare bulbs and fuses |
| <input type="checkbox"/> Air lines | <input type="checkbox"/> Front axle | <input type="checkbox"/> Starter |
| <input type="checkbox"/> Battery | <input type="checkbox"/> Fuel tanks | <input type="checkbox"/> Suspension system |
| <input type="checkbox"/> Body | <input type="checkbox"/> Head-stop | <input type="checkbox"/> Steering |
| <input type="checkbox"/> Brake accessories | <input type="checkbox"/> Horn | <input type="checkbox"/> Tail-dash |
| <input type="checkbox"/> Brakes, parking | <input type="checkbox"/> Lights | <input type="checkbox"/> Tire chains |
| <input type="checkbox"/> Clutch | <input type="checkbox"/> Mirrors | <input type="checkbox"/> Tires |
| <input type="checkbox"/> Coupling devices | <input type="checkbox"/> Mufflers | <input type="checkbox"/> Transmission |
| <input type="checkbox"/> Defrost/heater | <input type="checkbox"/> Oil pressure | <input type="checkbox"/> Turn indicators |
| <input type="checkbox"/> Drive line | <input type="checkbox"/> Radiator | <input type="checkbox"/> Wheels and lug nuts |
| <input type="checkbox"/> Engine | <input type="checkbox"/> Rear end | <input type="checkbox"/> Windows |
| <input type="checkbox"/> Exhaust | <input type="checkbox"/> Reflectors | <input type="checkbox"/> Windshield wipers |
| <input type="checkbox"/> Fifth wheel | <input type="checkbox"/> Safety equipment | <input type="checkbox"/> Other |
| <input type="checkbox"/> Fire extinguisher | <input type="checkbox"/> Reflective triangles | |
| <input type="checkbox"/> Flags, flares, fuses | <input type="checkbox"/> Safety equipment | |

TRAILER NUMBER: _____

- | | | |
|--|--|---|
| <input type="checkbox"/> Brake connections | <input type="checkbox"/> Hitch | <input type="checkbox"/> Tarpaulin/load cover |
| <input type="checkbox"/> Brakes | <input type="checkbox"/> Landing gear | <input type="checkbox"/> Tires |
| <input type="checkbox"/> Coupling devices | <input type="checkbox"/> Lights – all | <input type="checkbox"/> Wheels and lug nuts |
| <input type="checkbox"/> Coupling (king) pin | <input type="checkbox"/> Roof | <input type="checkbox"/> Other |
| <input type="checkbox"/> Doors | <input type="checkbox"/> Suspension system | |

REMARKS:

Condition of above vehicle is satisfactory: ☐ YES ☐ NO

Driver signature: _____

Above defects corrected: ☐ YES ☐ NO

Above defects need not be corrected for safe operation of vehicle: ☐ YES ☐ NO

Mechanic signature: _____

Driver reviewing repairs signature: _____ Date: _____