

# SAMPLE TRIP INSPECTION REPORT

Operator's Name: \_\_\_\_\_

Time of Inspection: \_\_\_\_\_ Date: \_\_\_\_\_

Location of Inspection: \_\_\_\_\_

Plate Number: \_\_\_\_\_

Odometer Reading (for power units): \_\_\_\_\_

Height of Load: \_\_\_\_\_ Width of Load: \_\_\_\_\_

Inspection Item	Minor Defect	Major Defect		Minor Defect	Major Defect
General			Air Brake System		
Cab			Tires		
Driver Controls			Wheels, Hubs, Fasteners		
Heater/Defroster			Suspension System		
Horn			Coupling Devices		
Steering			Lamps/Reflectors		
Driver Seat			Dangerous Goods		
Glass and Mirrors			Exhaust System		
Windshield Wiper/Washer			Frame and Cargo Body		
Emergency Equipment & Safety Devices			Cargo Securement		
Fuel Systems			Electric Brakes		

Minor/Major defects not above: \_\_\_\_\_

Defects en route: \_\_\_\_\_

“ No defects found

I declare that the vehicle shown above has been inspected in accordance with the applicable requirements of Schedule 1 (Truck/ Truck Tractor/ Trailer)

Inspector/Driver's Name (print): \_\_\_\_\_

Inspector/Driver's Signature: \_\_\_\_\_

Driver's Signature: \_\_\_\_\_

