



WRECKMASTER

Driver Vehicle Inspection Section

- 1.)** All CDL drivers must comply with recording HOURS OF SERVICE and completion of a DRIVER VEHICLE INSPECTION REPORT on any vehicle operated; with a weight of or combination weight of or having a weight rating of, or combination weight rating of, over 26,001 LBS.
- 2.)** Non-CDL drivers are exempt from recording HOURS OF SERVICE and completion of a DRIVER VEHICLE INSPECTION REPORT on any vehicle operated, provide that driver stays compliant with SHORT HAUL OPERATION (CFR TITLE 49, SUBTITLE B, CHAPTER III, SUBCHAPTER B, PART 390.105) and remains In-State.
- 3.)** Non-CDL drivers operating OUT OF STATE must comply with DRIVER VEHICLE INSPECTION on any vehicle operated; with a weight of or combination weight of or having a weight rating of, or combination weight rating of over 10,001 LBS.
- 4.)** Non-CDL drivers operating outside of the Regulation governing Short Haul Operation (CFR Title 49, Subtitle B, Chapter III, Subchapter B, Part 390.105), wether In-State or out of State must record HOURS OF SERVICE.
- 5.)** Drivers required to complete a DRIVER VEHICLE INSPECTION REPORT at end of shift and/or operation of that vehicle, it is the responsibility of the next driver of that vehicle to review that vehicles previous DRIVER VEHICLE INSPECTION REPORT and sign it.

IT IS THE RESPONSIBILITY OF ALL OPERATORS, MANAGERS AND/OR COMPANY PRINCIPLES TO CHECK WITH THEIR STATE LAWS AND REGULATIONS.

Back pages of this DRIVER VEHICLE INSPECTION book include references to DEFINITONS and EXPLANATIONS.



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Driver Vehicle Inspection Section 396.11

(a) Equipment provided by motor carrier.

(1) Report required. Every motor carrier shall require its drivers to report, and every driver shall prepare a report in writing at the completion of each day's work on each vehicle operated. The report shall cover at least the following parts and accessories:(i) Service brakes including trailer brake connections;(ii) Parking brake;(iii) Steering mechanism;(iv) Lighting devices and reflectors;(v) Tires;(vi) Horn;(vii) Windshield wipers;(viii) Rear vision mirrors;(ix) Coupling devices;(x) Wheels and rims;(xi) Emergency equipment;

(2) Report content. The report shall identify the vehicle and list any defect or deficiency discovered by or reported to the driver which would affect the safety of operation of the vehicle or result in its mechanical breakdown. If no defect or deficiency is discovered by or reported to the driver, the report shall so indicate. In all instances, the driver shall sign the report. On two-driver operations, only one driver needs to sign the driver vehicle inspection report, provided both drivers agree as to the defects or deficiencies identified. If a driver operates more than one vehicle during the day, a report shall be prepared for each vehicle operated.

(3) Corrective action.

(i) Prior to requiring or permitting a driver to operate a vehicle, every motor carrier or its agent shall repair any defect or deficiency listed on the driver vehicle inspection report which would be likely to affect the safety of operation of the vehicle.

(ii) Every motor carrier or its agent shall certify on the original driver vehicle inspection report which lists any defect or deficiency that the defect or deficiency has been repaired or that repair is unnecessary before the vehicle is operated again

(4) Retention period for reports. Every motor carrier shall maintain the original driver vehicle inspection report, the certification of repairs, and the certification of the driver's review for three months from the date the written report was prepared.

(5) Exceptions. The rules in this section shall not apply to a private motor carrier of passengers (nonbusiness), a driveaway-towaway operation, or any motor carrier operating only one commercial motor vehicle.

Portions of 396.11 above have been removed. Review the complete 396.11 regulation by visiting the Federal Motor Carrier Safety Administration Website.

<http://www.fmcsa.dot.gov>

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WRECKMASTER DRIVER VEHICLE INSPECTION REPORT

COMPLETION OF THIS REPORT REQUIRED BY FEDERAL LAW

Company Name: _____

Truck # _____ Milage: Unit # _____

Date: _____ Location: _____

GENERAL CONDITIONS	ENGINE COMPARTMENT
<input type="checkbox"/> Cab/doors/windows <input type="checkbox"/> Body/doors <input type="checkbox"/> Oil leak <input type="checkbox"/> Grease leak <input type="checkbox"/> Coolant leak <input type="checkbox"/> Fuel leak <input type="checkbox"/>	<input type="checkbox"/> Oil level - engine <input type="checkbox"/> Coolant level <input type="checkbox"/> Battery <input type="checkbox"/> Oil level - power steering <input type="checkbox"/> Belts / hoses <input type="checkbox"/> Others <input type="checkbox"/>
POWER UNIT	WRECKER UNIT
<input type="checkbox"/> Engine <input type="checkbox"/> Trans / P. T. O. <input type="checkbox"/> Clutch <input type="checkbox"/> Steering mechanism <input type="checkbox"/> Horn (s) <input type="checkbox"/> Windshield / wipers / washer <input type="checkbox"/> Rear vision mirrors <input type="checkbox"/> Lighting devices / reflectors <input type="checkbox"/> Parking brake <input type="checkbox"/> Service brakes <input type="checkbox"/> Emergency brakes <input type="checkbox"/> Air lines / light cord <input type="checkbox"/> Exhaust <input type="checkbox"/> Coupling device <input type="checkbox"/> Tires / mud flaps <input type="checkbox"/> Wheels / rims / lugs / studs <input type="checkbox"/> Seat belts / First Aid kit <input type="checkbox"/> Gauges / warning devices <input type="checkbox"/> Low air warning devices <input type="checkbox"/> Triangles <input type="checkbox"/> Fire extinguisher <input type="checkbox"/> Spare fuses <input type="checkbox"/> Heater / defroster <input type="checkbox"/>	<input type="checkbox"/> Equipment mounting <input type="checkbox"/> Hydraulic cylinders/hoses/valves <input type="checkbox"/> Equipment controls / P. T. O. <input type="checkbox"/> Throttle control <input type="checkbox"/> Wire / sheaves <input type="checkbox"/> Snatch blocks / shackles <input type="checkbox"/> J/T/R hook / tow chains <input type="checkbox"/> Recovery chains <input type="checkbox"/> Safety chains <input type="checkbox"/> Load binders / tie down chains <input type="checkbox"/> Wheels / axle tie down devices <input type="checkbox"/> Dollies <input type="checkbox"/> Portable tow lights / reflectors <input type="checkbox"/> Auxiliary work lights <input type="checkbox"/> Emergency warning lights / cones <input type="checkbox"/> Steering wheel securing devices <input type="checkbox"/> L arms / grids / loading bridle <input type="checkbox"/> Forks / attachments <input type="checkbox"/> Wheel lift / under reach pivot pins <input type="checkbox"/> Tow sling / truck hitch / pivot pins <input type="checkbox"/> Sub frame / bed locks <input type="checkbox"/> Wheel chocks / scotch blocks <input type="checkbox"/> Broom / shovel / debris container <input type="checkbox"/>

REPORTING DRIVER'S NAME: _____ Date: _____

Defects need correction (see remarks below)

CERTIFIED BY (NAME): _____ Defects corrected

_____ Date: _____

VEHICLE CONDITION OK
NO DEFECTS

(Must be checked if there are no defects.)

REVIEWING DRIVER'S SIGNATURE: _____

_____ Date: _____

REMARKS: (use back of DVI for additional remarks)



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POWER UNIT	WRECKER UNIT
<input type="checkbox"/> Engine <input type="checkbox"/> Trans / P. T. O. <input type="checkbox"/> Clutch <input type="checkbox"/> Steering mechanism <input type="checkbox"/> Horn (s) <input type="checkbox"/> Windshield / wipers / washer <input type="checkbox"/> Rear vision mirrors <input type="checkbox"/> Lighting devices / reflectors <input type="checkbox"/> Parking brake <input type="checkbox"/> Service brakes <input type="checkbox"/> Emergency brakes <input type="checkbox"/> Air lines / light cord <input type="checkbox"/> Exhaust <input type="checkbox"/> Coupling device <input type="checkbox"/> Tires / mud flaps <input type="checkbox"/> Wheels / rims / lugs / studs <input type="checkbox"/> Seat belts / First Aid kit <input type="checkbox"/> Gauges / warning devices <input type="checkbox"/> Low air warning devices <input type="checkbox"/> Triangles <input type="checkbox"/> Fire extinguisher <input type="checkbox"/> Spare fuses <input type="checkbox"/> Heater / defroster <input type="checkbox"/>	<input type="checkbox"/> Equipment mounting <input type="checkbox"/> Hydraulic cylinders/hoses/valves <input type="checkbox"/> Equipment controls / P. T. O. <input type="checkbox"/> Throttle control <input type="checkbox"/> Wire / sheaves <input type="checkbox"/> Snatch blocks / shackles <input type="checkbox"/> J/T/R hook / tow chains <input type="checkbox"/> Recovery chains <input type="checkbox"/> Safety chains <input type="checkbox"/> Load binders / tie down chains <input type="checkbox"/> Wheels / axle tie down devices <input type="checkbox"/> Dollies <input type="checkbox"/> Portable tow lights / reflectors <input type="checkbox"/> Auxiliary work lights <input type="checkbox"/> Emergency warning lights / cones <input type="checkbox"/> Steering wheel securing devices <input type="checkbox"/> L arms / grids / loading bridle <input type="checkbox"/> Forks / attachments <input type="checkbox"/> Wheel lift / under reach pivot pins <input type="checkbox"/> Tow sling / truck hitch / pivot pins <input type="checkbox"/> Sub frame / bed locks <input type="checkbox"/> Wheel chocks / scotch blocks <input type="checkbox"/> Broom / shovel / debris container <input type="checkbox"/>

REPORTING DRIVER'S NAME: _____ Date: _____

Defects need correction (see remarks below)

CERTIFIED BY (NAME): _____ Defects corrected

_____ Date: _____

VEHICLE CONDITION OK
NO DEFECTS

(Must be checked if there are no defects.)

REVIEWING DRIVER'S SIGNATURE: _____

_____ Date: _____

REMARKS: (use back of DVI for additional remarks)



WRECKMASTER DRIVER VEHICLE INSPECTION REPORT

COMPLETION OF THIS REPORT REQUIRED BY FEDERAL LAW

Company Name: _____

Truck # _____ Milage: Unit # _____

Date: _____ Location: _____

GENERAL CONDITIONS	ENGINE COMPARTMENT
<input type="checkbox"/> Cab/doors/windows <input type="checkbox"/> Body/doors <input type="checkbox"/> Oil leak <input type="checkbox"/> Grease leak <input type="checkbox"/> Coolant leak <input type="checkbox"/> Fuel leak <input type="checkbox"/>	<input type="checkbox"/> Oil level - engine <input type="checkbox"/> Coolant level <input type="checkbox"/> Battery <input type="checkbox"/> Oil level - power steering <input type="checkbox"/> Belts / hoses <input type="checkbox"/> Others <input type="checkbox"/>
POWER UNIT	WRECKER UNIT
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REVIEWING DRIVER'S SIGNATURE: _____

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REVIEWING DRIVER'S SIGNATURE: _____

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POWER UNIT	WRECKER UNIT
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POWER UNIT	WRECKER UNIT
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REVIEWING DRIVER'S SIGNATURE: _____

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<input type="checkbox"/> Cab/doors/windows <input type="checkbox"/> Body/doors <input type="checkbox"/> Oil leak <input type="checkbox"/> Grease leak <input type="checkbox"/> Coolant leak <input type="checkbox"/> Fuel leak <input type="checkbox"/>	<input type="checkbox"/> Oil level - engine <input type="checkbox"/> Coolant level <input type="checkbox"/> Battery <input type="checkbox"/> Oil level - power steering <input type="checkbox"/> Belts / hoses <input type="checkbox"/> Others <input type="checkbox"/>
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Defects need correction (see remarks below)

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VEHICLE CONDITION OK
NO DEFECTS

(Must be checked if there are no defects.)

REVIEWING DRIVER'S SIGNATURE: _____

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REMARKS: (use back of DVI for additional remarks)



WRECKMASTER DRIVER VEHICLE INSPECTION REPORT

COMPLETION OF THIS REPORT REQUIRED BY FEDERAL LAW

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GENERAL CONDITIONS	ENGINE COMPARTMENT
<input type="checkbox"/> Cab/doors/windows <input type="checkbox"/> Body/doors <input type="checkbox"/> Oil leak <input type="checkbox"/> Grease leak <input type="checkbox"/> Coolant leak <input type="checkbox"/> Fuel leak <input type="checkbox"/>	<input type="checkbox"/> Oil level - engine <input type="checkbox"/> Coolant level <input type="checkbox"/> Battery <input type="checkbox"/> Oil level - power steering <input type="checkbox"/> Belts / hoses <input type="checkbox"/> Others <input type="checkbox"/>
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<input type="checkbox"/> Cab/doors/windows <input type="checkbox"/> Body/doors <input type="checkbox"/> Oil leak <input type="checkbox"/> Grease leak <input type="checkbox"/> Coolant leak <input type="checkbox"/> Fuel leak <input type="checkbox"/>	<input type="checkbox"/> Oil level - engine <input type="checkbox"/> Coolant level <input type="checkbox"/> Battery <input type="checkbox"/> Oil level - power steering <input type="checkbox"/> Belts / hoses <input type="checkbox"/> Others <input type="checkbox"/>
POWER UNIT	WRECKER UNIT
<input type="checkbox"/> Engine <input type="checkbox"/> Trans / P. T. O. <input type="checkbox"/> Clutch <input type="checkbox"/> Steering mechanism <input type="checkbox"/> Horn (s) <input type="checkbox"/> Windshield / wipers / washer <input type="checkbox"/> Rear vision mirrors <input type="checkbox"/> Lighting devices / reflectors <input type="checkbox"/> Parking brake <input type="checkbox"/> Service brakes <input type="checkbox"/> Emergency brakes <input type="checkbox"/> Air lines / light cord <input type="checkbox"/> Exhaust <input type="checkbox"/> Coupling device <input type="checkbox"/> Tires / mud flaps <input type="checkbox"/> Wheels / rims / lugs / studs <input type="checkbox"/> Seat belts / First Aid kit <input type="checkbox"/> Gauges / warning devices <input type="checkbox"/> Low air warning devices <input type="checkbox"/> Triangles <input type="checkbox"/> Fire extinguisher <input type="checkbox"/> Spare fuses <input type="checkbox"/> Heater / defroster <input type="checkbox"/>	<input type="checkbox"/> Equipment mounting <input type="checkbox"/> Hydraulic cylinders/hoses/valves <input type="checkbox"/> Equipment controls / P. T. O. <input type="checkbox"/> Throttle control <input type="checkbox"/> Wire / sheaves <input type="checkbox"/> Snatch blocks / shackles <input type="checkbox"/> J/T/R hook / tow chains <input type="checkbox"/> Recovery chains <input type="checkbox"/> Safety chains <input type="checkbox"/> Load binders / tie down chains <input type="checkbox"/> Wheels / axle tie down devices <input type="checkbox"/> Dollies <input type="checkbox"/> Portable tow lights / reflectors <input type="checkbox"/> Auxiliary work lights <input type="checkbox"/> Emergency warning lights / cones <input type="checkbox"/> Steering wheel securing devices <input type="checkbox"/> L arms / grids / loading bridle <input type="checkbox"/> Forks / attachments <input type="checkbox"/> Wheel lift / under reach pivot pins <input type="checkbox"/> Tow sling / truck hitch / pivot pins <input type="checkbox"/> Sub frame / bed locks <input type="checkbox"/> Wheel chocks / scotch blocks <input type="checkbox"/> Broom / shovel / debris container <input type="checkbox"/>

REPORTING DRIVER'S NAME: _____ Date: _____

Defects need correction (see remarks below)

CERTIFIED BY (NAME): _____ Defects corrected

_____ Date: _____

VEHICLE CONDITION OK
NO DEFECTS

(Must be checked if there are no defects.)

REVIEWING DRIVER'S SIGNATURE: _____

_____ Date: _____

REMARKS: (use back of DVI for additional remarks)



WRECKMASTER DRIVER VEHICLE INSPECTION REPORT

COMPLETION OF THIS REPORT REQUIRED BY FEDERAL LAW

Company Name: _____

Truck # _____ Milage: Unit # _____

Date: _____ Location: _____

GENERAL CONDITIONS	ENGINE COMPARTMENT
<input type="checkbox"/> Cab/doors/windows <input type="checkbox"/> Body/doors <input type="checkbox"/> Oil leak <input type="checkbox"/> Grease leak <input type="checkbox"/> Coolant leak <input type="checkbox"/> Fuel leak <input type="checkbox"/>	<input type="checkbox"/> Oil level - engine <input type="checkbox"/> Coolant level <input type="checkbox"/> Battery <input type="checkbox"/> Oil level - power steering <input type="checkbox"/> Belts / hoses <input type="checkbox"/> Others <input type="checkbox"/>
POWER UNIT	WRECKER UNIT
<input type="checkbox"/> Engine <input type="checkbox"/> Trans / P. T. O. <input type="checkbox"/> Clutch <input type="checkbox"/> Steering mechanism <input type="checkbox"/> Horn (s) <input type="checkbox"/> Windshield / wipers / washer <input type="checkbox"/> Rear vision mirrors <input type="checkbox"/> Lighting devices / reflectors <input type="checkbox"/> Parking brake <input type="checkbox"/> Service brakes <input type="checkbox"/> Emergency brakes <input type="checkbox"/> Air lines / light cord <input type="checkbox"/> Exhaust <input type="checkbox"/> Coupling device <input type="checkbox"/> Tires / mud flaps <input type="checkbox"/> Wheels / rims / lugs / studs <input type="checkbox"/> Seat belts / First Aid kit <input type="checkbox"/> Gauges / warning devices <input type="checkbox"/> Low air warning devices <input type="checkbox"/> Triangles <input type="checkbox"/> Fire extinguisher <input type="checkbox"/> Spare fuses <input type="checkbox"/> Heater / defroster <input type="checkbox"/>	<input type="checkbox"/> Equipment mounting <input type="checkbox"/> Hydraulic cylinders/hoses/valves <input type="checkbox"/> Equipment controls / P. T. O. <input type="checkbox"/> Throttle control <input type="checkbox"/> Wire / sheaves <input type="checkbox"/> Snatch blocks / shackles <input type="checkbox"/> J/T/R hook / tow chains <input type="checkbox"/> Recovery chains <input type="checkbox"/> Safety chains <input type="checkbox"/> Load binders / tie down chains <input type="checkbox"/> Wheels / axle tie down devices <input type="checkbox"/> Dollies <input type="checkbox"/> Portable tow lights / reflectors <input type="checkbox"/> Auxiliary work lights <input type="checkbox"/> Emergency warning lights / cones <input type="checkbox"/> Steering wheel securing devices <input type="checkbox"/> L arms / grids / loading bridle <input type="checkbox"/> Forks / attachments <input type="checkbox"/> Wheel lift / under reach pivot pins <input type="checkbox"/> Tow sling / truck hitch / pivot pins <input type="checkbox"/> Sub frame / bed locks <input type="checkbox"/> Wheel chocks / scotch blocks <input type="checkbox"/> Broom / shovel / debris container <input type="checkbox"/>

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VEHICLE CONDITION OK
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REVIEWING DRIVER'S SIGNATURE: _____

_____ Date: _____

REMARKS: (use back of DVI for additional remarks)



WRECKMASTER DRIVER VEHICLE INSPECTION REPORT

COMPLETION OF THIS REPORT REQUIRED BY FEDERAL LAW

Company Name: _____

Truck # _____ Milage: Unit # _____

Date: _____ Location: _____

GENERAL CONDITIONS	ENGINE COMPARTMENT
<input type="checkbox"/> Cab/doors/windows <input type="checkbox"/> Body/doors <input type="checkbox"/> Oil leak <input type="checkbox"/> Grease leak <input type="checkbox"/> Coolant leak <input type="checkbox"/> Fuel leak <input type="checkbox"/>	<input type="checkbox"/> Oil level - engine <input type="checkbox"/> Coolant level <input type="checkbox"/> Battery <input type="checkbox"/> Oil level - power steering <input type="checkbox"/> Belts / hoses <input type="checkbox"/> Others <input type="checkbox"/>
POWER UNIT	WRECKER UNIT
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REPORTING DRIVER'S NAME: _____ Date: _____

Defects need correction (see remarks below)

CERTIFIED BY (NAME): _____ Defects corrected

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REVIEWING DRIVER'S SIGNATURE: _____

_____ Date: _____

REMARKS: (use back of DVI for additional remarks)



WRECKMASTER DRIVER VEHICLE INSPECTION REPORT

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Company Name: _____

Truck # _____ Milage: Unit # _____

Date: _____ Location: _____

GENERAL CONDITIONS	ENGINE COMPARTMENT
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POWER UNIT	WRECKER UNIT
<input type="checkbox"/> Engine <input type="checkbox"/> Trans / P. T. O. <input type="checkbox"/> Clutch <input type="checkbox"/> Steering mechanism <input type="checkbox"/> Horn (s) <input type="checkbox"/> Windshield / wipers / washer <input type="checkbox"/> Rear vision mirrors <input type="checkbox"/> Lighting devices / reflectors <input type="checkbox"/> Parking brake <input type="checkbox"/> Service brakes <input type="checkbox"/> Emergency brakes <input type="checkbox"/> Air lines / light cord <input type="checkbox"/> Exhaust <input type="checkbox"/> Coupling device <input type="checkbox"/> Tires / mud flaps <input type="checkbox"/> Wheels / rims / lugs / studs <input type="checkbox"/> Seat belts / First Aid kit <input type="checkbox"/> Gauges / warning devices <input type="checkbox"/> Low air warning devices <input type="checkbox"/> Triangles <input type="checkbox"/> Fire extinguisher <input type="checkbox"/> Spare fuses <input type="checkbox"/> Heater / defroster <input type="checkbox"/>	<input type="checkbox"/> Equipment mounting <input type="checkbox"/> Hydraulic cylinders/hoses/valves <input type="checkbox"/> Equipment controls / P. T. O. <input type="checkbox"/> Throttle control <input type="checkbox"/> Wire / sheaves <input type="checkbox"/> Snatch blocks / shackles <input type="checkbox"/> J/T/R hook / tow chains <input type="checkbox"/> Recovery chains <input type="checkbox"/> Safety chains <input type="checkbox"/> Load binders / tie down chains <input type="checkbox"/> Wheels / axle tie down devices <input type="checkbox"/> Dollies <input type="checkbox"/> Portable tow lights / reflectors <input type="checkbox"/> Auxiliary work lights <input type="checkbox"/> Emergency warning lights / cones <input type="checkbox"/> Steering wheel securing devices <input type="checkbox"/> L arms / grids / loading bridle <input type="checkbox"/> Forks / attachments <input type="checkbox"/> Wheel lift / under reach pivot pins <input type="checkbox"/> Tow sling / truck hitch / pivot pins <input type="checkbox"/> Sub frame / bed locks <input type="checkbox"/> Wheel chocks / scotch blocks <input type="checkbox"/> Broom / shovel / debris container <input type="checkbox"/>

REPORTING DRIVER'S NAME: _____ Date: _____

Defects need correction (see remarks below)

CERTIFIED BY (NAME): _____ Defects corrected

_____ Date: _____

VEHICLE CONDITION OK
NO DEFECTS

(Must be checked if there are no defects.)

REVIEWING DRIVER'S SIGNATURE: _____

_____ Date: _____

REMARKS: (use back of DVI for additional remarks)

**WRECKMASTER****DRIVER VEHICLE INSPECTION REPORT***COMPLETION OF THIS REPORT REQUIRED BY FEDERAL LAW*

Company Name: _____

Truck # _____ Milage: Unit # _____

Date: _____ Location: _____

GENERAL CONDITIONS	ENGINE COMPARTMENT
<input type="checkbox"/> Cab/doors/windows <input type="checkbox"/> Body/doors <input type="checkbox"/> Oil leak <input type="checkbox"/> Grease leak <input type="checkbox"/> Coolant leak <input type="checkbox"/> Fuel leak <input type="checkbox"/>	<input type="checkbox"/> Oil level - engine <input type="checkbox"/> Coolant level <input type="checkbox"/> Battery <input type="checkbox"/> Oil level - power steering <input type="checkbox"/> Belts / hoses <input type="checkbox"/> Others <input type="checkbox"/>
POWER UNIT	WRECKER UNIT
<input type="checkbox"/> Engine <input type="checkbox"/> Trans / P. T. O. <input type="checkbox"/> Clutch <input type="checkbox"/> Steering mechanism <input type="checkbox"/> Horn (s) <input type="checkbox"/> Windshield / wipers / washer <input type="checkbox"/> Rear vision mirrors <input type="checkbox"/> Lighting devices / reflectors <input type="checkbox"/> Parking brake <input type="checkbox"/> Service brakes <input type="checkbox"/> Emergency brakes <input type="checkbox"/> Air lines / light cord <input type="checkbox"/> Exhaust <input type="checkbox"/> Coupling device <input type="checkbox"/> Tires / mud flaps <input type="checkbox"/> Wheels / rims / lugs / studs <input type="checkbox"/> Seat belts / First Aid kit <input type="checkbox"/> Gauges / warning devices <input type="checkbox"/> Low air warning devices <input type="checkbox"/> Triangles <input type="checkbox"/> Fire extinguisher <input type="checkbox"/> Spare fuses <input type="checkbox"/> Heater / defroster <input type="checkbox"/>	<input type="checkbox"/> Equipment mounting <input type="checkbox"/> Hydraulic cylinders/hoses/valves <input type="checkbox"/> Equipment controls / P. T. O. <input type="checkbox"/> Throttle control <input type="checkbox"/> Wire / sheaves <input type="checkbox"/> Snatch blocks / shackles <input type="checkbox"/> J/T/R hook / tow chains <input type="checkbox"/> Recovery chains <input type="checkbox"/> Safety chains <input type="checkbox"/> Load binders / tie down chains <input type="checkbox"/> Wheels / axle tie down devices <input type="checkbox"/> Dollies <input type="checkbox"/> Portable tow lights / reflectors <input type="checkbox"/> Auxiliary work lights <input type="checkbox"/> Emergency warning lights / cones <input type="checkbox"/> Steering wheel securing devices <input type="checkbox"/> L arms / grids / loading bridle <input type="checkbox"/> Forks / attachments <input type="checkbox"/> Wheel lift / under reach pivot pins <input type="checkbox"/> Tow sling / truck hitch / pivot pins <input type="checkbox"/> Sub frame / bed locks <input type="checkbox"/> Wheel chocks / scotch blocks <input type="checkbox"/> Broom / shovel / debris container <input type="checkbox"/>

REPORTING DRIVER'S NAME: _____ Date: _____
<input type="checkbox"/> Defects need correction (see remarks below)
CERTIFIED BY (NAME): _____ <input type="checkbox"/> Defects corrected
_____ Date: _____

VEHICLE CONDITION OK NO DEFECTS <input type="checkbox"/> (Must be checked if there are no defects.)
REVIEWING DRIVER'S SIGNATURE: _____ Date: _____

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Company Name: _____

Truck # _____ Milage: Unit # _____

Date: _____ Location: _____

GENERAL CONDITIONS	ENGINE COMPARTMENT
<input type="checkbox"/> Cab/doors/windows <input type="checkbox"/> Body/doors <input type="checkbox"/> Oil leak <input type="checkbox"/> Grease leak <input type="checkbox"/> Coolant leak <input type="checkbox"/> Fuel leak <input type="checkbox"/>	<input type="checkbox"/> Oil level - engine <input type="checkbox"/> Coolant level <input type="checkbox"/> Battery <input type="checkbox"/> Oil level - power steering <input type="checkbox"/> Belts / hoses <input type="checkbox"/> Others <input type="checkbox"/>
POWER UNIT	WRECKER UNIT
<input type="checkbox"/> Engine <input type="checkbox"/> Trans / P. T. O. <input type="checkbox"/> Clutch <input type="checkbox"/> Steering mechanism <input type="checkbox"/> Horn (s) <input type="checkbox"/> Windshield / wipers / washer <input type="checkbox"/> Rear vision mirrors <input type="checkbox"/> Lighting devices / reflectors <input type="checkbox"/> Parking brake <input type="checkbox"/> Service brakes <input type="checkbox"/> Emergency brakes <input type="checkbox"/> Air lines / light cord <input type="checkbox"/> Exhaust <input type="checkbox"/> Coupling device <input type="checkbox"/> Tires / mud flaps <input type="checkbox"/> Wheels / rims / lugs / studs <input type="checkbox"/> Seat belts / First Aid kit <input type="checkbox"/> Gauges / warning devices <input type="checkbox"/> Low air warning devices <input type="checkbox"/> Triangles <input type="checkbox"/> Fire extinguisher <input type="checkbox"/> Spare fuses <input type="checkbox"/> Heater / defroster <input type="checkbox"/>	<input type="checkbox"/> Equipment mounting <input type="checkbox"/> Hydraulic cylinders/hoses/valves <input type="checkbox"/> Equipment controls / P. T. O. <input type="checkbox"/> Throttle control <input type="checkbox"/> Wire / sheaves <input type="checkbox"/> Snatch blocks / shackles <input type="checkbox"/> J/T/R hook / tow chains <input type="checkbox"/> Recovery chains <input type="checkbox"/> Safety chains <input type="checkbox"/> Load binders / tie down chains <input type="checkbox"/> Wheels / axle tie down devices <input type="checkbox"/> Dollies <input type="checkbox"/> Portable tow lights / reflectors <input type="checkbox"/> Auxiliary work lights <input type="checkbox"/> Emergency warning lights / cones <input type="checkbox"/> Steering wheel securing devices <input type="checkbox"/> L arms / grids / loading bridle <input type="checkbox"/> Forks / attachments <input type="checkbox"/> Wheel lift / under reach pivot pins <input type="checkbox"/> Tow sling / truck hitch / pivot pins <input type="checkbox"/> Sub frame / bed locks <input type="checkbox"/> Wheel chocks / scotch blocks <input type="checkbox"/> Broom / shovel / debris container <input type="checkbox"/>

REPORTING DRIVER'S NAME: _____ Date: _____
<input type="checkbox"/> Defects need correction (see remarks below)
CERTIFIED BY (NAME): _____ <input type="checkbox"/> Defects corrected
_____ Date: _____

VEHICLE CONDITION OK NO DEFECTS <input type="checkbox"/> (Must be checked if there are no defects.)
REVIEWING DRIVER'S SIGNATURE: _____ Date: _____

REMARKS: (use back of DVI for additional remarks)

**WRECKMASTER****DRIVER VEHICLE INSPECTION REPORT***COMPLETION OF THIS REPORT REQUIRED BY FEDERAL LAW*

Company Name: _____

Truck # _____ Milage: Unit # _____

Date: _____ Location: _____

GENERAL CONDITIONS	ENGINE COMPARTMENT
<input type="checkbox"/> Cab/doors/windows <input type="checkbox"/> Body/doors <input type="checkbox"/> Oil leak <input type="checkbox"/> Grease leak <input type="checkbox"/> Coolant leak <input type="checkbox"/> Fuel leak <input type="checkbox"/>	<input type="checkbox"/> Oil level - engine <input type="checkbox"/> Coolant level <input type="checkbox"/> Battery <input type="checkbox"/> Oil level - power steering <input type="checkbox"/> Belts / hoses <input type="checkbox"/> Others <input type="checkbox"/>
POWER UNIT	WRECKER UNIT
<input type="checkbox"/> Engine <input type="checkbox"/> Trans / P. T. O. <input type="checkbox"/> Clutch <input type="checkbox"/> Steering mechanism <input type="checkbox"/> Horn (s) <input type="checkbox"/> Windshield / wipers / washer <input type="checkbox"/> Rear vision mirrors <input type="checkbox"/> Lighting devices / reflectors <input type="checkbox"/> Parking brake <input type="checkbox"/> Service brakes <input type="checkbox"/> Emergency brakes <input type="checkbox"/> Air lines / light cord <input type="checkbox"/> Exhaust <input type="checkbox"/> Coupling device <input type="checkbox"/> Tires / mud flaps <input type="checkbox"/> Wheels / rims / lugs / studs <input type="checkbox"/> Seat belts / First Aid kit <input type="checkbox"/> Gauges / warning devices <input type="checkbox"/> Low air warning devices <input type="checkbox"/> Triangles <input type="checkbox"/> Fire extinguisher <input type="checkbox"/> Spare fuses <input type="checkbox"/> Heater / defroster <input type="checkbox"/>	<input type="checkbox"/> Equipment mounting <input type="checkbox"/> Hydraulic cylinders/hoses/valves <input type="checkbox"/> Equipment controls / P. T. O. <input type="checkbox"/> Throttle control <input type="checkbox"/> Wire / sheaves <input type="checkbox"/> Snatch blocks / shackles <input type="checkbox"/> J/T/R hook / tow chains <input type="checkbox"/> Recovery chains <input type="checkbox"/> Safety chains <input type="checkbox"/> Load binders / tie down chains <input type="checkbox"/> Wheels / axle tie down devices <input type="checkbox"/> Dollies <input type="checkbox"/> Portable tow lights / reflectors <input type="checkbox"/> Auxiliary work lights <input type="checkbox"/> Emergency warning lights / cones <input type="checkbox"/> Steering wheel securing devices <input type="checkbox"/> L arms / grids / loading bridle <input type="checkbox"/> Forks / attachments <input type="checkbox"/> Wheel lift / under reach pivot pins <input type="checkbox"/> Tow sling / truck hitch / pivot pins <input type="checkbox"/> Sub frame / bed locks <input type="checkbox"/> Wheel chocks / scotch blocks <input type="checkbox"/> Broom / shovel / debris container <input type="checkbox"/>

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CERTIFIED BY (NAME): _____ <input type="checkbox"/> Defects corrected
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POWER UNIT	WRECKER UNIT
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WRECKMASTER DRIVER VEHICLE INSPECTION REPORT

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Defects need correction (see remarks below)

CERTIFIED BY (NAME): _____ Defects corrected

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VEHICLE CONDITION OK
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(Must be checked if there are no defects.)

REVIEWING DRIVER'S SIGNATURE: _____

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<input type="checkbox"/> Cab/doors/windows <input type="checkbox"/> Body/doors <input type="checkbox"/> Oil leak <input type="checkbox"/> Grease leak <input type="checkbox"/> Coolant leak <input type="checkbox"/> Fuel leak <input type="checkbox"/>	<input type="checkbox"/> Oil level - engine <input type="checkbox"/> Coolant level <input type="checkbox"/> Battery <input type="checkbox"/> Oil level - power steering <input type="checkbox"/> Belts / hoses <input type="checkbox"/> Others <input type="checkbox"/>
POWER UNIT	WRECKER UNIT
<input type="checkbox"/> Engine <input type="checkbox"/> Trans / P. T. O. <input type="checkbox"/> Clutch <input type="checkbox"/> Steering mechanism <input type="checkbox"/> Horn (s) <input type="checkbox"/> Windshield / wipers / washer <input type="checkbox"/> Rear vision mirrors <input type="checkbox"/> Lighting devices / reflectors <input type="checkbox"/> Parking brake <input type="checkbox"/> Service brakes <input type="checkbox"/> Emergency brakes <input type="checkbox"/> Air lines / light cord <input type="checkbox"/> Exhaust <input type="checkbox"/> Coupling device <input type="checkbox"/> Tires / mud flaps <input type="checkbox"/> Wheels / rims / lugs / studs <input type="checkbox"/> Seat belts / First Aid kit <input type="checkbox"/> Gauges / warning devices <input type="checkbox"/> Low air warning devices <input type="checkbox"/> Triangles <input type="checkbox"/> Fire extinguisher <input type="checkbox"/> Spare fuses <input type="checkbox"/> Heater / defroster <input type="checkbox"/>	<input type="checkbox"/> Equipment mounting <input type="checkbox"/> Hydraulic cylinders/hoses/valves <input type="checkbox"/> Equipment controls / P. T. O. <input type="checkbox"/> Throttle control <input type="checkbox"/> Wire / sheaves <input type="checkbox"/> Snatch blocks / shackles <input type="checkbox"/> J/T/R hook / tow chains <input type="checkbox"/> Recovery chains <input type="checkbox"/> Safety chains <input type="checkbox"/> Load binders / tie down chains <input type="checkbox"/> Wheels / axle tie down devices <input type="checkbox"/> Dollies <input type="checkbox"/> Portable tow lights / reflectors <input type="checkbox"/> Auxiliary work lights <input type="checkbox"/> Emergency warning lights / cones <input type="checkbox"/> Steering wheel securing devices <input type="checkbox"/> L arms / grids / loading bridle <input type="checkbox"/> Forks / attachments <input type="checkbox"/> Wheel lift / under reach pivot pins <input type="checkbox"/> Tow sling / truck hitch / pivot pins <input type="checkbox"/> Sub frame / bed locks <input type="checkbox"/> Wheel chocks / scotch blocks <input type="checkbox"/> Broom / shovel / debris container <input type="checkbox"/>

REPORTING DRIVER'S NAME: _____ Date: _____

Defects need correction (see remarks below)

CERTIFIED BY (NAME): _____ Defects corrected

_____ Date: _____

VEHICLE CONDITION OK
NO DEFECTS

(Must be checked if there are no defects.)

REVIEWING DRIVER'S SIGNATURE: _____

_____ Date: _____

REMARKS: (use back of DVI for additional remarks)

**WRECKMASTER****DRIVER VEHICLE INSPECTION REPORT***COMPLETION OF THIS REPORT REQUIRED BY FEDERAL LAW*

Company Name: _____

Truck # _____ Milage: Unit # _____

Date: _____ Location: _____

GENERAL CONDITIONS	ENGINE COMPARTMENT
<input type="checkbox"/> Cab/doors/windows <input type="checkbox"/> Body/doors <input type="checkbox"/> Oil leak <input type="checkbox"/> Grease leak <input type="checkbox"/> Coolant leak <input type="checkbox"/> Fuel leak <input type="checkbox"/>	<input type="checkbox"/> Oil level - engine <input type="checkbox"/> Coolant level <input type="checkbox"/> Battery <input type="checkbox"/> Oil level - power steering <input type="checkbox"/> Belts / hoses <input type="checkbox"/> Others <input type="checkbox"/>
POWER UNIT	WRECKER UNIT
<input type="checkbox"/> Engine <input type="checkbox"/> Trans / P. T. O. <input type="checkbox"/> Clutch <input type="checkbox"/> Steering mechanism <input type="checkbox"/> Horn (s) <input type="checkbox"/> Windshield / wipers / washer <input type="checkbox"/> Rear vision mirrors <input type="checkbox"/> Lighting devices / reflectors <input type="checkbox"/> Parking brake <input type="checkbox"/> Service brakes <input type="checkbox"/> Emergency brakes <input type="checkbox"/> Air lines / light cord <input type="checkbox"/> Exhaust <input type="checkbox"/> Coupling device <input type="checkbox"/> Tires / mud flaps <input type="checkbox"/> Wheels / rims / lugs / studs <input type="checkbox"/> Seat belts / First Aid kit <input type="checkbox"/> Gauges / warning devices <input type="checkbox"/> Low air warning devices <input type="checkbox"/> Triangles <input type="checkbox"/> Fire extinguisher <input type="checkbox"/> Spare fuses <input type="checkbox"/> Heater / defroster <input type="checkbox"/>	<input type="checkbox"/> Equipment mounting <input type="checkbox"/> Hydraulic cylinders/hoses/valves <input type="checkbox"/> Equipment controls / P. T. O. <input type="checkbox"/> Throttle control <input type="checkbox"/> Wire / sheaves <input type="checkbox"/> Snatch blocks / shackles <input type="checkbox"/> J/T/R hook / tow chains <input type="checkbox"/> Recovery chains <input type="checkbox"/> Safety chains <input type="checkbox"/> Load binders / tie down chains <input type="checkbox"/> Wheels / axle tie down devices <input type="checkbox"/> Dollies <input type="checkbox"/> Portable tow lights / reflectors <input type="checkbox"/> Auxiliary work lights <input type="checkbox"/> Emergency warning lights / cones <input type="checkbox"/> Steering wheel securing devices <input type="checkbox"/> L arms / grids / loading bridle <input type="checkbox"/> Forks / attachments <input type="checkbox"/> Wheel lift / under reach pivot pins <input type="checkbox"/> Tow sling / truck hitch / pivot pins <input type="checkbox"/> Sub frame / bed locks <input type="checkbox"/> Wheel chocks / scotch blocks <input type="checkbox"/> Broom / shovel / debris container <input type="checkbox"/>

REPORTING DRIVER'S NAME: _____ Date: _____
<input type="checkbox"/> Defects need correction (see remarks below)
CERTIFIED BY (NAME): _____ <input type="checkbox"/> Defects corrected
_____ Date: _____

VEHICLE CONDITION OK NO DEFECTS <input type="checkbox"/> (Must be checked if there are no defects.)
REVIEWING DRIVER'S SIGNATURE: _____ Date: _____

REMARKS: (use back of DVI for additional remarks)

**WRECKMASTER****DRIVER VEHICLE INSPECTION REPORT***COMPLETION OF THIS REPORT REQUIRED BY FEDERAL LAW*

Company Name: _____

Truck # _____ Milage: Unit # _____

Date: _____ Location: _____

GENERAL CONDITIONS	ENGINE COMPARTMENT
<input type="checkbox"/> Cab/doors/windows <input type="checkbox"/> Body/doors <input type="checkbox"/> Oil leak <input type="checkbox"/> Grease leak <input type="checkbox"/> Coolant leak <input type="checkbox"/> Fuel leak <input type="checkbox"/>	<input type="checkbox"/> Oil level - engine <input type="checkbox"/> Coolant level <input type="checkbox"/> Battery <input type="checkbox"/> Oil level - power steering <input type="checkbox"/> Belts / hoses <input type="checkbox"/> Others <input type="checkbox"/>
POWER UNIT	WRECKER UNIT
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REPORTING DRIVER'S NAME: _____ Date: _____
<input type="checkbox"/> Defects need correction (see remarks below)
CERTIFIED BY (NAME): _____ <input type="checkbox"/> Defects corrected
_____ Date: _____

VEHICLE CONDITION OK NO DEFECTS <input type="checkbox"/> (Must be checked if there are no defects.)
REVIEWING DRIVER'S SIGNATURE: _____ Date: _____

REMARKS: (use back of DVI for additional remarks)



WRECKMASTER DRIVER VEHICLE INSPECTION REPORT

COMPLETION OF THIS REPORT REQUIRED BY FEDERAL LAW

Company Name: _____

Truck # _____ Milage: Unit # _____

Date: _____ Location: _____

GENERAL CONDITIONS	ENGINE COMPARTMENT
<input type="checkbox"/> Cab/doors/windows <input type="checkbox"/> Body/doors <input type="checkbox"/> Oil leak <input type="checkbox"/> Grease leak <input type="checkbox"/> Coolant leak <input type="checkbox"/> Fuel leak <input type="checkbox"/>	<input type="checkbox"/> Oil level - engine <input type="checkbox"/> Coolant level <input type="checkbox"/> Battery <input type="checkbox"/> Oil level - power steering <input type="checkbox"/> Belts / hoses <input type="checkbox"/> Others <input type="checkbox"/>
POWER UNIT	WRECKER UNIT
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Defects need correction (see remarks below)

CERTIFIED BY (NAME): _____ Defects corrected

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VEHICLE CONDITION OK
NO DEFECTS

(Must be checked if there are no defects.)

REVIEWING DRIVER'S SIGNATURE: _____

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WRECKMASTER DRIVER VEHICLE INSPECTION REPORT

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POWER UNIT	WRECKER UNIT
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Defects need correction (see remarks below)

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VEHICLE CONDITION OK
NO DEFECTS

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REVIEWING DRIVER'S SIGNATURE: _____

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<input type="checkbox"/> Cab/doors/windows <input type="checkbox"/> Body/doors <input type="checkbox"/> Oil leak <input type="checkbox"/> Grease leak <input type="checkbox"/> Coolant leak <input type="checkbox"/> Fuel leak <input type="checkbox"/>	<input type="checkbox"/> Oil level - engine <input type="checkbox"/> Coolant level <input type="checkbox"/> Battery <input type="checkbox"/> Oil level - power steering <input type="checkbox"/> Belts / hoses <input type="checkbox"/> Others <input type="checkbox"/>
POWER UNIT	WRECKER UNIT
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REPORTING DRIVER'S NAME: _____ Date: _____

Defects need correction (see remarks below)

CERTIFIED BY (NAME): _____ Defects corrected

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VEHICLE CONDITION OK
NO DEFECTS

(Must be checked if there are no defects.)

REVIEWING DRIVER'S SIGNATURE: _____

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REMARKS: (use back of DVI for additional remarks)



WRECKMASTER DRIVER VEHICLE INSPECTION REPORT

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Truck # _____ Milage: Unit # _____

Date: _____ Location: _____

GENERAL CONDITIONS	ENGINE COMPARTMENT
<input type="checkbox"/> Cab/doors/windows <input type="checkbox"/> Body/doors <input type="checkbox"/> Oil leak <input type="checkbox"/> Grease leak <input type="checkbox"/> Coolant leak <input type="checkbox"/> Fuel leak <input type="checkbox"/>	<input type="checkbox"/> Oil level - engine <input type="checkbox"/> Coolant level <input type="checkbox"/> Battery <input type="checkbox"/> Oil level - power steering <input type="checkbox"/> Belts / hoses <input type="checkbox"/> Others <input type="checkbox"/>
POWER UNIT	WRECKER UNIT
<input type="checkbox"/> Engine <input type="checkbox"/> Trans / P. T. O. <input type="checkbox"/> Clutch <input type="checkbox"/> Steering mechanism <input type="checkbox"/> Horn (s) <input type="checkbox"/> Windshield / wipers / washer <input type="checkbox"/> Rear vision mirrors <input type="checkbox"/> Lighting devices / reflectors <input type="checkbox"/> Parking brake <input type="checkbox"/> Service brakes <input type="checkbox"/> Emergency brakes <input type="checkbox"/> Air lines / light cord <input type="checkbox"/> Exhaust <input type="checkbox"/> Coupling device <input type="checkbox"/> Tires / mud flaps <input type="checkbox"/> Wheels / rims / lugs / studs <input type="checkbox"/> Seat belts / First Aid kit <input type="checkbox"/> Gauges / warning devices <input type="checkbox"/> Low air warning devices <input type="checkbox"/> Triangles <input type="checkbox"/> Fire extinguisher <input type="checkbox"/> Spare fuses <input type="checkbox"/> Heater / defroster <input type="checkbox"/>	<input type="checkbox"/> Equipment mounting <input type="checkbox"/> Hydraulic cylinders/hoses/valves <input type="checkbox"/> Equipment controls / P. T. O. <input type="checkbox"/> Throttle control <input type="checkbox"/> Wire / sheaves <input type="checkbox"/> Snatch blocks / shackles <input type="checkbox"/> J/T/R hook / tow chains <input type="checkbox"/> Recovery chains <input type="checkbox"/> Safety chains <input type="checkbox"/> Load binders / tie down chains <input type="checkbox"/> Wheels / axle tie down devices <input type="checkbox"/> Dollies <input type="checkbox"/> Portable tow lights / reflectors <input type="checkbox"/> Auxiliary work lights <input type="checkbox"/> Emergency warning lights / cones <input type="checkbox"/> Steering wheel securing devices <input type="checkbox"/> L arms / grids / loading bridle <input type="checkbox"/> Forks / attachments <input type="checkbox"/> Wheel lift / under reach pivot pins <input type="checkbox"/> Tow sling / truck hitch / pivot pins <input type="checkbox"/> Sub frame / bed locks <input type="checkbox"/> Wheel chocks / scotch blocks <input type="checkbox"/> Broom / shovel / debris container <input type="checkbox"/>

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Defects need correction (see remarks below)

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VEHICLE CONDITION OK
NO DEFECTS

(Must be checked if there are no defects.)

REVIEWING DRIVER'S SIGNATURE: _____

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REMARKS: (use back of DVI for additional remarks)



WRECKMASTER DRIVER VEHICLE INSPECTION REPORT

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VEHICLE CONDITION OK
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REVIEWING DRIVER'S SIGNATURE: _____

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WRECKMASTER DRIVER VEHICLE INSPECTION REPORT

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VEHICLE CONDITION OK
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REVIEWING DRIVER'S SIGNATURE: _____

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<input type="checkbox"/> Cab/doors/windows <input type="checkbox"/> Body/doors <input type="checkbox"/> Oil leak <input type="checkbox"/> Grease leak <input type="checkbox"/> Coolant leak <input type="checkbox"/> Fuel leak <input type="checkbox"/>	<input type="checkbox"/> Oil level - engine <input type="checkbox"/> Coolant level <input type="checkbox"/> Battery <input type="checkbox"/> Oil level - power steering <input type="checkbox"/> Belts / hoses <input type="checkbox"/> Others <input type="checkbox"/>
POWER UNIT	WRECKER UNIT
<input type="checkbox"/> Engine <input type="checkbox"/> Trans / P. T. O. <input type="checkbox"/> Clutch <input type="checkbox"/> Steering mechanism <input type="checkbox"/> Horn (s) <input type="checkbox"/> Windshield / wipers / washer <input type="checkbox"/> Rear vision mirrors <input type="checkbox"/> Lighting devices / reflectors <input type="checkbox"/> Parking brake <input type="checkbox"/> Service brakes <input type="checkbox"/> Emergency brakes <input type="checkbox"/> Air lines / light cord <input type="checkbox"/> Exhaust <input type="checkbox"/> Coupling device <input type="checkbox"/> Tires / mud flaps <input type="checkbox"/> Wheels / rims / lugs / studs <input type="checkbox"/> Seat belts / First Aid kit <input type="checkbox"/> Gauges / warning devices <input type="checkbox"/> Low air warning devices <input type="checkbox"/> Triangles <input type="checkbox"/> Fire extinguisher <input type="checkbox"/> Spare fuses <input type="checkbox"/> Heater / defroster <input type="checkbox"/>	<input type="checkbox"/> Equipment mounting <input type="checkbox"/> Hydraulic cylinders/hoses/valves <input type="checkbox"/> Equipment controls / P. T. O. <input type="checkbox"/> Throttle control <input type="checkbox"/> Wire / sheaves <input type="checkbox"/> Snatch blocks / shackles <input type="checkbox"/> J/T/R hook / tow chains <input type="checkbox"/> Recovery chains <input type="checkbox"/> Safety chains <input type="checkbox"/> Load binders / tie down chains <input type="checkbox"/> Wheels / axle tie down devices <input type="checkbox"/> Dollies <input type="checkbox"/> Portable tow lights / reflectors <input type="checkbox"/> Auxiliary work lights <input type="checkbox"/> Emergency warning lights / cones <input type="checkbox"/> Steering wheel securing devices <input type="checkbox"/> L arms / grids / loading bridle <input type="checkbox"/> Forks / attachments <input type="checkbox"/> Wheel lift / under reach pivot pins <input type="checkbox"/> Tow sling / truck hitch / pivot pins <input type="checkbox"/> Sub frame / bed locks <input type="checkbox"/> Wheel chocks / scotch blocks <input type="checkbox"/> Broom / shovel / debris container <input type="checkbox"/>

REPORTING DRIVER'S NAME: _____ Date: _____

Defects need correction (see remarks below)

CERTIFIED BY (NAME): _____ Defects corrected

_____ Date: _____

VEHICLE CONDITION OK
NO DEFECTS

(Must be checked if there are no defects.)

REVIEWING DRIVER'S SIGNATURE: _____

_____ Date: _____

REMARKS: (use back of DVI for additional remarks)



WRECKMASTER DRIVER VEHICLE INSPECTION REPORT

COMPLETION OF THIS REPORT REQUIRED BY FEDERAL LAW

Company Name: _____

Truck # _____ Milage: Unit # _____

Date: _____ Location: _____

GENERAL CONDITIONS	ENGINE COMPARTMENT
<input type="checkbox"/> Cab/doors/windows <input type="checkbox"/> Body/doors <input type="checkbox"/> Oil leak <input type="checkbox"/> Grease leak <input type="checkbox"/> Coolant leak <input type="checkbox"/> Fuel leak <input type="checkbox"/>	<input type="checkbox"/> Oil level - engine <input type="checkbox"/> Coolant level <input type="checkbox"/> Battery <input type="checkbox"/> Oil level - power steering <input type="checkbox"/> Belts / hoses <input type="checkbox"/> Others <input type="checkbox"/>
POWER UNIT	WRECKER UNIT
<input type="checkbox"/> Engine <input type="checkbox"/> Trans / P. T. O. <input type="checkbox"/> Clutch <input type="checkbox"/> Steering mechanism <input type="checkbox"/> Horn (s) <input type="checkbox"/> Windshield / wipers / washer <input type="checkbox"/> Rear vision mirrors <input type="checkbox"/> Lighting devices / reflectors <input type="checkbox"/> Parking brake <input type="checkbox"/> Service brakes <input type="checkbox"/> Emergency brakes <input type="checkbox"/> Air lines / light cord <input type="checkbox"/> Exhaust <input type="checkbox"/> Coupling device <input type="checkbox"/> Tires / mud flaps <input type="checkbox"/> Wheels / rims / lugs / studs <input type="checkbox"/> Seat belts / First Aid kit <input type="checkbox"/> Gauges / warning devices <input type="checkbox"/> Low air warning devices <input type="checkbox"/> Triangles <input type="checkbox"/> Fire extinguisher <input type="checkbox"/> Spare fuses <input type="checkbox"/> Heater / defroster <input type="checkbox"/>	<input type="checkbox"/> Equipment mounting <input type="checkbox"/> Hydraulic cylinders/hoses/valves <input type="checkbox"/> Equipment controls / P. T. O. <input type="checkbox"/> Throttle control <input type="checkbox"/> Wire / sheaves <input type="checkbox"/> Snatch blocks / shackles <input type="checkbox"/> J/T/R hook / tow chains <input type="checkbox"/> Recovery chains <input type="checkbox"/> Safety chains <input type="checkbox"/> Load binders / tie down chains <input type="checkbox"/> Wheels / axle tie down devices <input type="checkbox"/> Dollies <input type="checkbox"/> Portable tow lights / reflectors <input type="checkbox"/> Auxiliary work lights <input type="checkbox"/> Emergency warning lights / cones <input type="checkbox"/> Steering wheel securing devices <input type="checkbox"/> L arms / grids / loading bridle <input type="checkbox"/> Forks / attachments <input type="checkbox"/> Wheel lift / under reach pivot pins <input type="checkbox"/> Tow sling / truck hitch / pivot pins <input type="checkbox"/> Sub frame / bed locks <input type="checkbox"/> Wheel chocks / scotch blocks <input type="checkbox"/> Broom / shovel / debris container <input type="checkbox"/>

REPORTING DRIVER'S NAME: _____ Date: _____

Defects need correction (see remarks below)

CERTIFIED BY (NAME): _____ Defects corrected

_____ Date: _____

VEHICLE CONDITION OK
NO DEFECTS

(Must be checked if there are no defects.)

REVIEWING DRIVER'S SIGNATURE: _____

_____ Date: _____

REMARKS: (use back of DVI for additional remarks)

**WRECKMASTER****DRIVER VEHICLE INSPECTION REPORT***COMPLETION OF THIS REPORT REQUIRED BY FEDERAL LAW*

Company Name: _____

Truck # _____ Milage: Unit # _____

Date: _____ Location: _____

GENERAL CONDITIONS	ENGINE COMPARTMENT
<input type="checkbox"/> Cab/doors/windows <input type="checkbox"/> Body/doors <input type="checkbox"/> Oil leak <input type="checkbox"/> Grease leak <input type="checkbox"/> Coolant leak <input type="checkbox"/> Fuel leak <input type="checkbox"/>	<input type="checkbox"/> Oil level - engine <input type="checkbox"/> Coolant level <input type="checkbox"/> Battery <input type="checkbox"/> Oil level - power steering <input type="checkbox"/> Belts / hoses <input type="checkbox"/> Others <input type="checkbox"/>
POWER UNIT	WRECKER UNIT
<input type="checkbox"/> Engine <input type="checkbox"/> Trans / P. T. O. <input type="checkbox"/> Clutch <input type="checkbox"/> Steering mechanism <input type="checkbox"/> Horn (s) <input type="checkbox"/> Windshield / wipers / washer <input type="checkbox"/> Rear vision mirrors <input type="checkbox"/> Lighting devices / reflectors <input type="checkbox"/> Parking brake <input type="checkbox"/> Service brakes <input type="checkbox"/> Emergency brakes <input type="checkbox"/> Air lines / light cord <input type="checkbox"/> Exhaust <input type="checkbox"/> Coupling device <input type="checkbox"/> Tires / mud flaps <input type="checkbox"/> Wheels / rims / lugs / studs <input type="checkbox"/> Seat belts / First Aid kit <input type="checkbox"/> Gauges / warning devices <input type="checkbox"/> Low air warning devices <input type="checkbox"/> Triangles <input type="checkbox"/> Fire extinguisher <input type="checkbox"/> Spare fuses <input type="checkbox"/> Heater / defroster <input type="checkbox"/>	<input type="checkbox"/> Equipment mounting <input type="checkbox"/> Hydraulic cylinders/hoses/valves <input type="checkbox"/> Equipment controls / P. T. O. <input type="checkbox"/> Throttle control <input type="checkbox"/> Wire / sheaves <input type="checkbox"/> Snatch blocks / shackles <input type="checkbox"/> J/T/R hook / tow chains <input type="checkbox"/> Recovery chains <input type="checkbox"/> Safety chains <input type="checkbox"/> Load binders / tie down chains <input type="checkbox"/> Wheels / axle tie down devices <input type="checkbox"/> Dollies <input type="checkbox"/> Portable tow lights / reflectors <input type="checkbox"/> Auxiliary work lights <input type="checkbox"/> Emergency warning lights / cones <input type="checkbox"/> Steering wheel securing devices <input type="checkbox"/> L arms / grids / loading bridle <input type="checkbox"/> Forks / attachments <input type="checkbox"/> Wheel lift / under reach pivot pins <input type="checkbox"/> Tow sling / truck hitch / pivot pins <input type="checkbox"/> Sub frame / bed locks <input type="checkbox"/> Wheel chocks / scotch blocks <input type="checkbox"/> Broom / shovel / debris container <input type="checkbox"/>

REPORTING DRIVER'S NAME: _____ Date: _____
<input type="checkbox"/> Defects need correction (see remarks below)
CERTIFIED BY (NAME): _____ <input type="checkbox"/> Defects corrected
_____ Date: _____

VEHICLE CONDITION OK NO DEFECTS <input type="checkbox"/> (Must be checked if there are no defects.)
REVIEWING DRIVER'S SIGNATURE: _____ Date: _____

REMARKS: (use back of DVI for additional remarks)

**WRECKMASTER****DRIVER VEHICLE INSPECTION REPORT***COMPLETION OF THIS REPORT REQUIRED BY FEDERAL LAW*

Company Name: _____

Truck # _____ Milage: Unit # _____

Date: _____ Location: _____

GENERAL CONDITIONS	ENGINE COMPARTMENT
<input type="checkbox"/> Cab/doors/windows <input type="checkbox"/> Body/doors <input type="checkbox"/> Oil leak <input type="checkbox"/> Grease leak <input type="checkbox"/> Coolant leak <input type="checkbox"/> Fuel leak <input type="checkbox"/>	<input type="checkbox"/> Oil level - engine <input type="checkbox"/> Coolant level <input type="checkbox"/> Battery <input type="checkbox"/> Oil level - power steering <input type="checkbox"/> Belts / hoses <input type="checkbox"/> Others <input type="checkbox"/>
POWER UNIT	WRECKER UNIT
<input type="checkbox"/> Engine <input type="checkbox"/> Trans / P. T. O. <input type="checkbox"/> Clutch <input type="checkbox"/> Steering mechanism <input type="checkbox"/> Horn (s) <input type="checkbox"/> Windshield / wipers / washer <input type="checkbox"/> Rear vision mirrors <input type="checkbox"/> Lighting devices / reflectors <input type="checkbox"/> Parking brake <input type="checkbox"/> Service brakes <input type="checkbox"/> Emergency brakes <input type="checkbox"/> Air lines / light cord <input type="checkbox"/> Exhaust <input type="checkbox"/> Coupling device <input type="checkbox"/> Tires / mud flaps <input type="checkbox"/> Wheels / rims / lugs / studs <input type="checkbox"/> Seat belts / First Aid kit <input type="checkbox"/> Gauges / warning devices <input type="checkbox"/> Low air warning devices <input type="checkbox"/> Triangles <input type="checkbox"/> Fire extinguisher <input type="checkbox"/> Spare fuses <input type="checkbox"/> Heater / defroster <input type="checkbox"/>	<input type="checkbox"/> Equipment mounting <input type="checkbox"/> Hydraulic cylinders/hoses/valves <input type="checkbox"/> Equipment controls / P. T. O. <input type="checkbox"/> Throttle control <input type="checkbox"/> Wire / sheaves <input type="checkbox"/> Snatch blocks / shackles <input type="checkbox"/> J/T/R hook / tow chains <input type="checkbox"/> Recovery chains <input type="checkbox"/> Safety chains <input type="checkbox"/> Load binders / tie down chains <input type="checkbox"/> Wheels / axle tie down devices <input type="checkbox"/> Dollies <input type="checkbox"/> Portable tow lights / reflectors <input type="checkbox"/> Auxiliary work lights <input type="checkbox"/> Emergency warning lights / cones <input type="checkbox"/> Steering wheel securing devices <input type="checkbox"/> L arms / grids / loading bridle <input type="checkbox"/> Forks / attachments <input type="checkbox"/> Wheel lift / under reach pivot pins <input type="checkbox"/> Tow sling / truck hitch / pivot pins <input type="checkbox"/> Sub frame / bed locks <input type="checkbox"/> Wheel chocks / scotch blocks <input type="checkbox"/> Broom / shovel / debris container <input type="checkbox"/>

REPORTING DRIVER'S NAME: _____ Date: _____
<input type="checkbox"/> Defects need correction (see remarks below)
CERTIFIED BY (NAME): _____ <input type="checkbox"/> Defects corrected
_____ Date: _____

VEHICLE CONDITION OK NO DEFECTS <input type="checkbox"/> (Must be checked if there are no defects.)
REVIEWING DRIVER'S SIGNATURE: _____ Date: _____

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**WRECKMASTER****DRIVER VEHICLE INSPECTION REPORT***COMPLETION OF THIS REPORT REQUIRED BY FEDERAL LAW*

Company Name: _____

Truck # _____ Milage: Unit # _____

Date: _____ Location: _____

GENERAL CONDITIONS	ENGINE COMPARTMENT
<input type="checkbox"/> Cab/doors/windows <input type="checkbox"/> Body/doors <input type="checkbox"/> Oil leak <input type="checkbox"/> Grease leak <input type="checkbox"/> Coolant leak <input type="checkbox"/> Fuel leak <input type="checkbox"/>	<input type="checkbox"/> Oil level - engine <input type="checkbox"/> Coolant level <input type="checkbox"/> Battery <input type="checkbox"/> Oil level - power steering <input type="checkbox"/> Belts / hoses <input type="checkbox"/> Others <input type="checkbox"/>
POWER UNIT	WRECKER UNIT
<input type="checkbox"/> Engine <input type="checkbox"/> Trans / P. T. O. <input type="checkbox"/> Clutch <input type="checkbox"/> Steering mechanism <input type="checkbox"/> Horn (s) <input type="checkbox"/> Windshield / wipers / washer <input type="checkbox"/> Rear vision mirrors <input type="checkbox"/> Lighting devices / reflectors <input type="checkbox"/> Parking brake <input type="checkbox"/> Service brakes <input type="checkbox"/> Emergency brakes <input type="checkbox"/> Air lines / light cord <input type="checkbox"/> Exhaust <input type="checkbox"/> Coupling device <input type="checkbox"/> Tires / mud flaps <input type="checkbox"/> Wheels / rims / lugs / studs <input type="checkbox"/> Seat belts / First Aid kit <input type="checkbox"/> Gauges / warning devices <input type="checkbox"/> Low air warning devices <input type="checkbox"/> Triangles <input type="checkbox"/> Fire extinguisher <input type="checkbox"/> Spare fuses <input type="checkbox"/> Heater / defroster <input type="checkbox"/>	<input type="checkbox"/> Equipment mounting <input type="checkbox"/> Hydraulic cylinders/hoses/valves <input type="checkbox"/> Equipment controls / P. T. O. <input type="checkbox"/> Throttle control <input type="checkbox"/> Wire / sheaves <input type="checkbox"/> Snatch blocks / shackles <input type="checkbox"/> J/T/R hook / tow chains <input type="checkbox"/> Recovery chains <input type="checkbox"/> Safety chains <input type="checkbox"/> Load binders / tie down chains <input type="checkbox"/> Wheels / axle tie down devices <input type="checkbox"/> Dollies <input type="checkbox"/> Portable tow lights / reflectors <input type="checkbox"/> Auxiliary work lights <input type="checkbox"/> Emergency warning lights / cones <input type="checkbox"/> Steering wheel securing devices <input type="checkbox"/> L arms / grids / loading bridle <input type="checkbox"/> Forks / attachments <input type="checkbox"/> Wheel lift / under reach pivot pins <input type="checkbox"/> Tow sling / truck hitch / pivot pins <input type="checkbox"/> Sub frame / bed locks <input type="checkbox"/> Wheel chocks / scotch blocks <input type="checkbox"/> Broom / shovel / debris container <input type="checkbox"/>

REPORTING DRIVER'S NAME: _____ Date: _____
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CERTIFIED BY (NAME): _____ <input type="checkbox"/> Defects corrected
_____ Date: _____

VEHICLE CONDITION OK NO DEFECTS <input type="checkbox"/> (Must be checked if there are no defects.)
REVIEWING DRIVER'S SIGNATURE: _____ Date: _____

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**WRECKMASTER****DRIVER VEHICLE INSPECTION REPORT***COMPLETION OF THIS REPORT REQUIRED BY FEDERAL LAW*

Company Name: _____

Truck # _____ Milage: Unit # _____

Date: _____ Location: _____

GENERAL CONDITIONS	ENGINE COMPARTMENT
<input type="checkbox"/> Cab/doors/windows <input type="checkbox"/> Body/doors <input type="checkbox"/> Oil leak <input type="checkbox"/> Grease leak <input type="checkbox"/> Coolant leak <input type="checkbox"/> Fuel leak <input type="checkbox"/>	<input type="checkbox"/> Oil level - engine <input type="checkbox"/> Coolant level <input type="checkbox"/> Battery <input type="checkbox"/> Oil level - power steering <input type="checkbox"/> Belts / hoses <input type="checkbox"/> Others <input type="checkbox"/>
POWER UNIT	WRECKER UNIT
<input type="checkbox"/> Engine <input type="checkbox"/> Trans / P. T. O. <input type="checkbox"/> Clutch <input type="checkbox"/> Steering mechanism <input type="checkbox"/> Horn (s) <input type="checkbox"/> Windshield / wipers / washer <input type="checkbox"/> Rear vision mirrors <input type="checkbox"/> Lighting devices / reflectors <input type="checkbox"/> Parking brake <input type="checkbox"/> Service brakes <input type="checkbox"/> Emergency brakes <input type="checkbox"/> Air lines / light cord <input type="checkbox"/> Exhaust <input type="checkbox"/> Coupling device <input type="checkbox"/> Tires / mud flaps <input type="checkbox"/> Wheels / rims / lugs / studs <input type="checkbox"/> Seat belts / First Aid kit <input type="checkbox"/> Gauges / warning devices <input type="checkbox"/> Low air warning devices <input type="checkbox"/> Triangles <input type="checkbox"/> Fire extinguisher <input type="checkbox"/> Spare fuses <input type="checkbox"/> Heater / defroster <input type="checkbox"/>	<input type="checkbox"/> Equipment mounting <input type="checkbox"/> Hydraulic cylinders/hoses/valves <input type="checkbox"/> Equipment controls / P. T. O. <input type="checkbox"/> Throttle control <input type="checkbox"/> Wire / sheaves <input type="checkbox"/> Snatch blocks / shackles <input type="checkbox"/> J/T/R hook / tow chains <input type="checkbox"/> Recovery chains <input type="checkbox"/> Safety chains <input type="checkbox"/> Load binders / tie down chains <input type="checkbox"/> Wheels / axle tie down devices <input type="checkbox"/> Dollies <input type="checkbox"/> Portable tow lights / reflectors <input type="checkbox"/> Auxiliary work lights <input type="checkbox"/> Emergency warning lights / cones <input type="checkbox"/> Steering wheel securing devices <input type="checkbox"/> L arms / grids / loading bridle <input type="checkbox"/> Forks / attachments <input type="checkbox"/> Wheel lift / under reach pivot pins <input type="checkbox"/> Tow sling / truck hitch / pivot pins <input type="checkbox"/> Sub frame / bed locks <input type="checkbox"/> Wheel chocks / scotch blocks <input type="checkbox"/> Broom / shovel / debris container <input type="checkbox"/>

REPORTING DRIVER'S NAME: _____ Date: _____
<input type="checkbox"/> Defects need correction (see remarks below)
CERTIFIED BY (NAME): _____ <input type="checkbox"/> Defects corrected
_____ Date: _____

VEHICLE CONDITION OK NO DEFECTS <input type="checkbox"/> (Must be checked if there are no defects.)
REVIEWING DRIVER'S SIGNATURE: _____ Date: _____

REMARKS: (use back of DVI for additional remarks)

**WRECKMASTER****DRIVER VEHICLE INSPECTION REPORT***COMPLETION OF THIS REPORT REQUIRED BY FEDERAL LAW*

Company Name: _____

Truck # _____ Milage: Unit # _____

Date: _____ Location: _____

GENERAL CONDITIONS	ENGINE COMPARTMENT
<input type="checkbox"/> Cab/doors/windows <input type="checkbox"/> Body/doors <input type="checkbox"/> Oil leak <input type="checkbox"/> Grease leak <input type="checkbox"/> Coolant leak <input type="checkbox"/> Fuel leak <input type="checkbox"/>	<input type="checkbox"/> Oil level - engine <input type="checkbox"/> Coolant level <input type="checkbox"/> Battery <input type="checkbox"/> Oil level - power steering <input type="checkbox"/> Belts / hoses <input type="checkbox"/> Others <input type="checkbox"/>
POWER UNIT	WRECKER UNIT
<input type="checkbox"/> Engine <input type="checkbox"/> Trans / P. T. O. <input type="checkbox"/> Clutch <input type="checkbox"/> Steering mechanism <input type="checkbox"/> Horn (s) <input type="checkbox"/> Windshield / wipers / washer <input type="checkbox"/> Rear vision mirrors <input type="checkbox"/> Lighting devices / reflectors <input type="checkbox"/> Parking brake <input type="checkbox"/> Service brakes <input type="checkbox"/> Emergency brakes <input type="checkbox"/> Air lines / light cord <input type="checkbox"/> Exhaust <input type="checkbox"/> Coupling device <input type="checkbox"/> Tires / mud flaps <input type="checkbox"/> Wheels / rims / lugs / studs <input type="checkbox"/> Seat belts / First Aid kit <input type="checkbox"/> Gauges / warning devices <input type="checkbox"/> Low air warning devices <input type="checkbox"/> Triangles <input type="checkbox"/> Fire extinguisher <input type="checkbox"/> Spare fuses <input type="checkbox"/> Heater / defroster <input type="checkbox"/>	<input type="checkbox"/> Equipment mounting <input type="checkbox"/> Hydraulic cylinders/hoses/valves <input type="checkbox"/> Equipment controls / P. T. O. <input type="checkbox"/> Throttle control <input type="checkbox"/> Wire / sheaves <input type="checkbox"/> Snatch blocks / shackles <input type="checkbox"/> J/T/R hook / tow chains <input type="checkbox"/> Recovery chains <input type="checkbox"/> Safety chains <input type="checkbox"/> Load binders / tie down chains <input type="checkbox"/> Wheels / axle tie down devices <input type="checkbox"/> Dollies <input type="checkbox"/> Portable tow lights / reflectors <input type="checkbox"/> Auxiliary work lights <input type="checkbox"/> Emergency warning lights / cones <input type="checkbox"/> Steering wheel securing devices <input type="checkbox"/> L arms / grids / loading bridle <input type="checkbox"/> Forks / attachments <input type="checkbox"/> Wheel lift / under reach pivot pins <input type="checkbox"/> Tow sling / truck hitch / pivot pins <input type="checkbox"/> Sub frame / bed locks <input type="checkbox"/> Wheel chocks / scotch blocks <input type="checkbox"/> Broom / shovel / debris container <input type="checkbox"/>

REPORTING DRIVER'S NAME: _____ Date: _____
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CERTIFIED BY (NAME): _____ <input type="checkbox"/> Defects corrected
_____ Date: _____

VEHICLE CONDITION OK NO DEFECTS <input type="checkbox"/> (Must be checked if there are no defects.)
REVIEWING DRIVER'S SIGNATURE: _____ Date: _____

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**WRECKMASTER****DRIVER VEHICLE INSPECTION REPORT***COMPLETION OF THIS REPORT REQUIRED BY FEDERAL LAW*

Company Name: _____

Truck # _____ Milage: Unit # _____

Date: _____ Location: _____

GENERAL CONDITIONS	ENGINE COMPARTMENT
<input type="checkbox"/> Cab/doors/windows <input type="checkbox"/> Body/doors <input type="checkbox"/> Oil leak <input type="checkbox"/> Grease leak <input type="checkbox"/> Coolant leak <input type="checkbox"/> Fuel leak <input type="checkbox"/>	<input type="checkbox"/> Oil level - engine <input type="checkbox"/> Coolant level <input type="checkbox"/> Battery <input type="checkbox"/> Oil level - power steering <input type="checkbox"/> Belts / hoses <input type="checkbox"/> Others <input type="checkbox"/>
POWER UNIT	WRECKER UNIT
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REPORTING DRIVER'S NAME: _____ Date: _____
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CERTIFIED BY (NAME): _____ <input type="checkbox"/> Defects corrected
_____ Date: _____

VEHICLE CONDITION OK NO DEFECTS <input type="checkbox"/> (Must be checked if there are no defects.)
REVIEWING DRIVER'S SIGNATURE: _____ Date: _____

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WRECKMASTER DRIVER VEHICLE INSPECTION REPORT

COMPLETION OF THIS REPORT REQUIRED BY FEDERAL LAW

Company Name: _____

Truck # _____ Milage: Unit # _____

Date: _____ Location: _____

GENERAL CONDITIONS	ENGINE COMPARTMENT
<input type="checkbox"/> Cab/doors/windows <input type="checkbox"/> Body/doors <input type="checkbox"/> Oil leak <input type="checkbox"/> Grease leak <input type="checkbox"/> Coolant leak <input type="checkbox"/> Fuel leak <input type="checkbox"/>	<input type="checkbox"/> Oil level - engine <input type="checkbox"/> Coolant level <input type="checkbox"/> Battery <input type="checkbox"/> Oil level - power steering <input type="checkbox"/> Belts / hoses <input type="checkbox"/> Others <input type="checkbox"/>
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REPORTING DRIVER'S NAME: _____ Date: _____

Defects need correction (see remarks below)

CERTIFIED BY (NAME): _____ Defects corrected

_____ Date: _____

VEHICLE CONDITION OK
NO DEFECTS

(Must be checked if there are no defects.)

REVIEWING DRIVER'S SIGNATURE: _____

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WRECKMASTER DRIVER VEHICLE INSPECTION REPORT

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<input type="checkbox"/> Cab/doors/windows <input type="checkbox"/> Body/doors <input type="checkbox"/> Oil leak <input type="checkbox"/> Grease leak <input type="checkbox"/> Coolant leak <input type="checkbox"/> Fuel leak <input type="checkbox"/>	<input type="checkbox"/> Oil level - engine <input type="checkbox"/> Coolant level <input type="checkbox"/> Battery <input type="checkbox"/> Oil level - power steering <input type="checkbox"/> Belts / hoses <input type="checkbox"/> Others <input type="checkbox"/>
POWER UNIT	WRECKER UNIT
<input type="checkbox"/> Engine <input type="checkbox"/> Trans / P. T. O. <input type="checkbox"/> Clutch <input type="checkbox"/> Steering mechanism <input type="checkbox"/> Horn (s) <input type="checkbox"/> Windshield / wipers / washer <input type="checkbox"/> Rear vision mirrors <input type="checkbox"/> Lighting devices / reflectors <input type="checkbox"/> Parking brake <input type="checkbox"/> Service brakes <input type="checkbox"/> Emergency brakes <input type="checkbox"/> Air lines / light cord <input type="checkbox"/> Exhaust <input type="checkbox"/> Coupling device <input type="checkbox"/> Tires / mud flaps <input type="checkbox"/> Wheels / rims / lugs / studs <input type="checkbox"/> Seat belts / First Aid kit <input type="checkbox"/> Gauges / warning devices <input type="checkbox"/> Low air warning devices <input type="checkbox"/> Triangles <input type="checkbox"/> Fire extinguisher <input type="checkbox"/> Spare fuses <input type="checkbox"/> Heater / defroster <input type="checkbox"/>	<input type="checkbox"/> Equipment mounting <input type="checkbox"/> Hydraulic cylinders/hoses/valves <input type="checkbox"/> Equipment controls / P. T. O. <input type="checkbox"/> Throttle control <input type="checkbox"/> Wire / sheaves <input type="checkbox"/> Snatch blocks / shackles <input type="checkbox"/> J/T/R hook / tow chains <input type="checkbox"/> Recovery chains <input type="checkbox"/> Safety chains <input type="checkbox"/> Load binders / tie down chains <input type="checkbox"/> Wheels / axle tie down devices <input type="checkbox"/> Dollies <input type="checkbox"/> Portable tow lights / reflectors <input type="checkbox"/> Auxiliary work lights <input type="checkbox"/> Emergency warning lights / cones <input type="checkbox"/> Steering wheel securing devices <input type="checkbox"/> L arms / grids / loading bridle <input type="checkbox"/> Forks / attachments <input type="checkbox"/> Wheel lift / under reach pivot pins <input type="checkbox"/> Tow sling / truck hitch / pivot pins <input type="checkbox"/> Sub frame / bed locks <input type="checkbox"/> Wheel chocks / scotch blocks <input type="checkbox"/> Broom / shovel / debris container <input type="checkbox"/>

REPORTING DRIVER'S NAME: _____ Date: _____

Defects need correction (see remarks below)

CERTIFIED BY (NAME): _____ Defects corrected

_____ Date: _____

VEHICLE CONDITION OK
NO DEFECTS

(Must be checked if there are no defects.)

REVIEWING DRIVER'S SIGNATURE: _____

_____ Date: _____

REMARKS: (use back of DVI for additional remarks)



WRECKMASTER DRIVER VEHICLE INSPECTION REPORT

COMPLETION OF THIS REPORT REQUIRED BY FEDERAL LAW

Company Name: _____

Truck # _____ Milage: Unit # _____

Date: _____ Location: _____

GENERAL CONDITIONS	ENGINE COMPARTMENT
<input type="checkbox"/> Cab/doors/windows <input type="checkbox"/> Body/doors <input type="checkbox"/> Oil leak <input type="checkbox"/> Grease leak <input type="checkbox"/> Coolant leak <input type="checkbox"/> Fuel leak <input type="checkbox"/>	<input type="checkbox"/> Oil level - engine <input type="checkbox"/> Coolant level <input type="checkbox"/> Battery <input type="checkbox"/> Oil level - power steering <input type="checkbox"/> Belts / hoses <input type="checkbox"/> Others <input type="checkbox"/>
POWER UNIT	WRECKER UNIT
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REVIEWING DRIVER'S SIGNATURE: _____

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REVIEWING DRIVER'S SIGNATURE: _____

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POWER UNIT	WRECKER UNIT
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POWER UNIT	WRECKER UNIT
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REVIEWING DRIVER'S SIGNATURE: _____

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<input type="checkbox"/> Cab/doors/windows <input type="checkbox"/> Body/doors <input type="checkbox"/> Oil leak <input type="checkbox"/> Grease leak <input type="checkbox"/> Coolant leak <input type="checkbox"/> Fuel leak <input type="checkbox"/>	<input type="checkbox"/> Oil level - engine <input type="checkbox"/> Coolant level <input type="checkbox"/> Battery <input type="checkbox"/> Oil level - power steering <input type="checkbox"/> Belts / hoses <input type="checkbox"/> Others <input type="checkbox"/>
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Defects need correction (see remarks below)

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VEHICLE CONDITION OK
NO DEFECTS

(Must be checked if there are no defects.)

REVIEWING DRIVER'S SIGNATURE: _____

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REMARKS: (use back of DVI for additional remarks)



WRECKMASTER DRIVER VEHICLE INSPECTION REPORT

COMPLETION OF THIS REPORT REQUIRED BY FEDERAL LAW

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GENERAL CONDITIONS	ENGINE COMPARTMENT
<input type="checkbox"/> Cab/doors/windows <input type="checkbox"/> Body/doors <input type="checkbox"/> Oil leak <input type="checkbox"/> Grease leak <input type="checkbox"/> Coolant leak <input type="checkbox"/> Fuel leak <input type="checkbox"/>	<input type="checkbox"/> Oil level - engine <input type="checkbox"/> Coolant level <input type="checkbox"/> Battery <input type="checkbox"/> Oil level - power steering <input type="checkbox"/> Belts / hoses <input type="checkbox"/> Others <input type="checkbox"/>
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<input type="checkbox"/> Cab/doors/windows <input type="checkbox"/> Body/doors <input type="checkbox"/> Oil leak <input type="checkbox"/> Grease leak <input type="checkbox"/> Coolant leak <input type="checkbox"/> Fuel leak <input type="checkbox"/>	<input type="checkbox"/> Oil level - engine <input type="checkbox"/> Coolant level <input type="checkbox"/> Battery <input type="checkbox"/> Oil level - power steering <input type="checkbox"/> Belts / hoses <input type="checkbox"/> Others <input type="checkbox"/>
POWER UNIT	WRECKER UNIT
<input type="checkbox"/> Engine <input type="checkbox"/> Trans / P. T. O. <input type="checkbox"/> Clutch <input type="checkbox"/> Steering mechanism <input type="checkbox"/> Horn (s) <input type="checkbox"/> Windshield / wipers / washer <input type="checkbox"/> Rear vision mirrors <input type="checkbox"/> Lighting devices / reflectors <input type="checkbox"/> Parking brake <input type="checkbox"/> Service brakes <input type="checkbox"/> Emergency brakes <input type="checkbox"/> Air lines / light cord <input type="checkbox"/> Exhaust <input type="checkbox"/> Coupling device <input type="checkbox"/> Tires / mud flaps <input type="checkbox"/> Wheels / rims / lugs / studs <input type="checkbox"/> Seat belts / First Aid kit <input type="checkbox"/> Gauges / warning devices <input type="checkbox"/> Low air warning devices <input type="checkbox"/> Triangles <input type="checkbox"/> Fire extinguisher <input type="checkbox"/> Spare fuses <input type="checkbox"/> Heater / defroster <input type="checkbox"/>	<input type="checkbox"/> Equipment mounting <input type="checkbox"/> Hydraulic cylinders/hoses/valves <input type="checkbox"/> Equipment controls / P. T. O. <input type="checkbox"/> Throttle control <input type="checkbox"/> Wire / sheaves <input type="checkbox"/> Snatch blocks / shackles <input type="checkbox"/> J/T/R hook / tow chains <input type="checkbox"/> Recovery chains <input type="checkbox"/> Safety chains <input type="checkbox"/> Load binders / tie down chains <input type="checkbox"/> Wheels / axle tie down devices <input type="checkbox"/> Dollies <input type="checkbox"/> Portable tow lights / reflectors <input type="checkbox"/> Auxiliary work lights <input type="checkbox"/> Emergency warning lights / cones <input type="checkbox"/> Steering wheel securing devices <input type="checkbox"/> L arms / grids / loading bridle <input type="checkbox"/> Forks / attachments <input type="checkbox"/> Wheel lift / under reach pivot pins <input type="checkbox"/> Tow sling / truck hitch / pivot pins <input type="checkbox"/> Sub frame / bed locks <input type="checkbox"/> Wheel chocks / scotch blocks <input type="checkbox"/> Broom / shovel / debris container <input type="checkbox"/>

REPORTING DRIVER'S NAME: _____ Date: _____

Defects need correction (see remarks below)

CERTIFIED BY (NAME): _____ Defects corrected

_____ Date: _____

VEHICLE CONDITION OK
NO DEFECTS

(Must be checked if there are no defects.)

REVIEWING DRIVER'S SIGNATURE: _____

_____ Date: _____

REMARKS: (use back of DVI for additional remarks)



WRECKMASTER DRIVER VEHICLE INSPECTION REPORT

COMPLETION OF THIS REPORT REQUIRED BY FEDERAL LAW

Company Name: _____

Truck # _____ Milage: Unit # _____

Date: _____ Location: _____

GENERAL CONDITIONS	ENGINE COMPARTMENT
<input type="checkbox"/> Cab/doors/windows <input type="checkbox"/> Body/doors <input type="checkbox"/> Oil leak <input type="checkbox"/> Grease leak <input type="checkbox"/> Coolant leak <input type="checkbox"/> Fuel leak <input type="checkbox"/>	<input type="checkbox"/> Oil level - engine <input type="checkbox"/> Coolant level <input type="checkbox"/> Battery <input type="checkbox"/> Oil level - power steering <input type="checkbox"/> Belts / hoses <input type="checkbox"/> Others <input type="checkbox"/>
POWER UNIT	WRECKER UNIT
<input type="checkbox"/> Engine <input type="checkbox"/> Trans / P. T. O. <input type="checkbox"/> Clutch <input type="checkbox"/> Steering mechanism <input type="checkbox"/> Horn (s) <input type="checkbox"/> Windshield / wipers / washer <input type="checkbox"/> Rear vision mirrors <input type="checkbox"/> Lighting devices / reflectors <input type="checkbox"/> Parking brake <input type="checkbox"/> Service brakes <input type="checkbox"/> Emergency brakes <input type="checkbox"/> Air lines / light cord <input type="checkbox"/> Exhaust <input type="checkbox"/> Coupling device <input type="checkbox"/> Tires / mud flaps <input type="checkbox"/> Wheels / rims / lugs / studs <input type="checkbox"/> Seat belts / First Aid kit <input type="checkbox"/> Gauges / warning devices <input type="checkbox"/> Low air warning devices <input type="checkbox"/> Triangles <input type="checkbox"/> Fire extinguisher <input type="checkbox"/> Spare fuses <input type="checkbox"/> Heater / defroster <input type="checkbox"/>	<input type="checkbox"/> Equipment mounting <input type="checkbox"/> Hydraulic cylinders/hoses/valves <input type="checkbox"/> Equipment controls / P. T. O. <input type="checkbox"/> Throttle control <input type="checkbox"/> Wire / sheaves <input type="checkbox"/> Snatch blocks / shackles <input type="checkbox"/> J/T/R hook / tow chains <input type="checkbox"/> Recovery chains <input type="checkbox"/> Safety chains <input type="checkbox"/> Load binders / tie down chains <input type="checkbox"/> Wheels / axle tie down devices <input type="checkbox"/> Dollies <input type="checkbox"/> Portable tow lights / reflectors <input type="checkbox"/> Auxiliary work lights <input type="checkbox"/> Emergency warning lights / cones <input type="checkbox"/> Steering wheel securing devices <input type="checkbox"/> L arms / grids / loading bridle <input type="checkbox"/> Forks / attachments <input type="checkbox"/> Wheel lift / under reach pivot pins <input type="checkbox"/> Tow sling / truck hitch / pivot pins <input type="checkbox"/> Sub frame / bed locks <input type="checkbox"/> Wheel chocks / scotch blocks <input type="checkbox"/> Broom / shovel / debris container <input type="checkbox"/>

REPORTING DRIVER'S NAME: _____ Date: _____

Defects need correction (see remarks below)

CERTIFIED BY (NAME): _____ Defects corrected

_____ Date: _____

VEHICLE CONDITION OK
NO DEFECTS

(Must be checked if there are no defects.)

REVIEWING DRIVER'S SIGNATURE: _____

_____ Date: _____

REMARKS: (use back of DVI for additional remarks)



WRECKMASTER DRIVER VEHICLE INSPECTION REPORT

COMPLETION OF THIS REPORT REQUIRED BY FEDERAL LAW

Company Name: _____

Truck # _____ Milage: Unit # _____

Date: _____ Location: _____

GENERAL CONDITIONS	ENGINE COMPARTMENT
<input type="checkbox"/> Cab/doors/windows <input type="checkbox"/> Body/doors <input type="checkbox"/> Oil leak <input type="checkbox"/> Grease leak <input type="checkbox"/> Coolant leak <input type="checkbox"/> Fuel leak <input type="checkbox"/>	<input type="checkbox"/> Oil level - engine <input type="checkbox"/> Coolant level <input type="checkbox"/> Battery <input type="checkbox"/> Oil level - power steering <input type="checkbox"/> Belts / hoses <input type="checkbox"/> Others <input type="checkbox"/>
POWER UNIT	WRECKER UNIT
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REPORTING DRIVER'S NAME: _____ Date: _____

Defects need correction (see remarks below)

CERTIFIED BY (NAME): _____ Defects corrected

_____ Date: _____

VEHICLE CONDITION OK
NO DEFECTS

(Must be checked if there are no defects.)

REVIEWING DRIVER'S SIGNATURE: _____

_____ Date: _____

REMARKS: (use back of DVI for additional remarks)



WRECKMASTER DRIVER VEHICLE INSPECTION REPORT

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Company Name: _____

Truck # _____ Milage: Unit # _____

Date: _____ Location: _____

GENERAL CONDITIONS	ENGINE COMPARTMENT
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POWER UNIT	WRECKER UNIT
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NO DEFECTS

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REVIEWING DRIVER'S SIGNATURE: _____

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REMARKS: (use back of DVI for additional remarks)



WRECKMASTER DRIVER VEHICLE INSPECTION REPORT

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Truck # _____ Milage: Unit # _____

Date: _____ Location: _____

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POWER UNIT	WRECKER UNIT
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REPORTING DRIVER'S NAME: _____ Date: _____

Defects need correction (see remarks below)

CERTIFIED BY (NAME): _____ Defects corrected

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VEHICLE CONDITION OK
NO DEFECTS

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REVIEWING DRIVER'S SIGNATURE: _____

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REMARKS: (use back of DVI for additional remarks)



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GENERAL CONDITIONS	ENGINE COMPARTMENT
<input type="checkbox"/> Cab/doors/windows <input type="checkbox"/> Body/doors <input type="checkbox"/> Oil leak <input type="checkbox"/> Grease leak <input type="checkbox"/> Coolant leak <input type="checkbox"/> Fuel leak <input type="checkbox"/>	<input type="checkbox"/> Oil level - engine <input type="checkbox"/> Coolant level <input type="checkbox"/> Battery <input type="checkbox"/> Oil level - power steering <input type="checkbox"/> Belts / hoses <input type="checkbox"/> Others <input type="checkbox"/>
POWER UNIT	WRECKER UNIT
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REPORTING DRIVER'S NAME: _____ Date: _____

Defects need correction (see remarks below)

CERTIFIED BY (NAME): _____ Defects corrected

_____ Date: _____

VEHICLE CONDITION OK
NO DEFECTS

(Must be checked if there are no defects.)

REVIEWING DRIVER'S SIGNATURE: _____

_____ Date: _____

REMARKS: (use back of DVI for additional remarks)



WRECKMASTER DRIVER VEHICLE INSPECTION REPORT

COMPLETION OF THIS REPORT REQUIRED BY FEDERAL LAW

Company Name: _____

Truck # _____ Milage: Unit # _____

Date: _____ Location: _____

GENERAL CONDITIONS	ENGINE COMPARTMENT
<input type="checkbox"/> Cab/doors/windows <input type="checkbox"/> Body/doors <input type="checkbox"/> Oil leak <input type="checkbox"/> Grease leak <input type="checkbox"/> Coolant leak <input type="checkbox"/> Fuel leak <input type="checkbox"/>	<input type="checkbox"/> Oil level - engine <input type="checkbox"/> Coolant level <input type="checkbox"/> Battery <input type="checkbox"/> Oil level - power steering <input type="checkbox"/> Belts / hoses <input type="checkbox"/> Others <input type="checkbox"/>
POWER UNIT	WRECKER UNIT
<input type="checkbox"/> Engine <input type="checkbox"/> Trans / P. T. O. <input type="checkbox"/> Clutch <input type="checkbox"/> Steering mechanism <input type="checkbox"/> Horn (s) <input type="checkbox"/> Windshield / wipers / washer <input type="checkbox"/> Rear vision mirrors <input type="checkbox"/> Lighting devices / reflectors <input type="checkbox"/> Parking brake <input type="checkbox"/> Service brakes <input type="checkbox"/> Emergency brakes <input type="checkbox"/> Air lines / light cord <input type="checkbox"/> Exhaust <input type="checkbox"/> Coupling device <input type="checkbox"/> Tires / mud flaps <input type="checkbox"/> Wheels / rims / lugs / studs <input type="checkbox"/> Seat belts / First Aid kit <input type="checkbox"/> Gauges / warning devices <input type="checkbox"/> Low air warning devices <input type="checkbox"/> Triangles <input type="checkbox"/> Fire extinguisher <input type="checkbox"/> Spare fuses <input type="checkbox"/> Heater / defroster <input type="checkbox"/>	<input type="checkbox"/> Equipment mounting <input type="checkbox"/> Hydraulic cylinders/hoses/valves <input type="checkbox"/> Equipment controls / P. T. O. <input type="checkbox"/> Throttle control <input type="checkbox"/> Wire / sheaves <input type="checkbox"/> Snatch blocks / shackles <input type="checkbox"/> J/T/R hook / tow chains <input type="checkbox"/> Recovery chains <input type="checkbox"/> Safety chains <input type="checkbox"/> Load binders / tie down chains <input type="checkbox"/> Wheels / axle tie down devices <input type="checkbox"/> Dollies <input type="checkbox"/> Portable tow lights / reflectors <input type="checkbox"/> Auxiliary work lights <input type="checkbox"/> Emergency warning lights / cones <input type="checkbox"/> Steering wheel securing devices <input type="checkbox"/> L arms / grids / loading bridle <input type="checkbox"/> Forks / attachments <input type="checkbox"/> Wheel lift / under reach pivot pins <input type="checkbox"/> Tow sling / truck hitch / pivot pins <input type="checkbox"/> Sub frame / bed locks <input type="checkbox"/> Wheel chocks / scotch blocks <input type="checkbox"/> Broom / shovel / debris container <input type="checkbox"/>

REPORTING DRIVER'S NAME: _____ Date: _____

Defects need correction (see remarks below)

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VEHICLE CONDITION OK
NO DEFECTS

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REVIEWING DRIVER'S SIGNATURE: _____

_____ Date: _____

REMARKS: (use back of DVI for additional remarks)



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POWER UNIT	WRECKER UNIT
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REPORTING DRIVER'S NAME: _____ Date: _____

Defects need correction (see remarks below)

CERTIFIED BY (NAME): _____ Defects corrected

_____ Date: _____

VEHICLE CONDITION OK
NO DEFECTS

(Must be checked if there are no defects.)

REVIEWING DRIVER'S SIGNATURE: _____

_____ Date: _____

REMARKS: (use back of DVI for additional remarks)

**WRECKMASTER****DRIVER VEHICLE INSPECTION REPORT***COMPLETION OF THIS REPORT REQUIRED BY FEDERAL LAW*

Company Name: _____

Truck # _____ Milage: Unit # _____

Date: _____ Location: _____

GENERAL CONDITIONS	ENGINE COMPARTMENT
<input type="checkbox"/> Cab/doors/windows <input type="checkbox"/> Body/doors <input type="checkbox"/> Oil leak <input type="checkbox"/> Grease leak <input type="checkbox"/> Coolant leak <input type="checkbox"/> Fuel leak <input type="checkbox"/>	<input type="checkbox"/> Oil level - engine <input type="checkbox"/> Coolant level <input type="checkbox"/> Battery <input type="checkbox"/> Oil level - power steering <input type="checkbox"/> Belts / hoses <input type="checkbox"/> Others <input type="checkbox"/>
POWER UNIT	WRECKER UNIT
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REPORTING DRIVER'S NAME: _____ Date: _____
<input type="checkbox"/> Defects need correction (see remarks below)
CERTIFIED BY (NAME): _____ <input type="checkbox"/> Defects corrected
_____ Date: _____

VEHICLE CONDITION OK NO DEFECTS <input type="checkbox"/> (Must be checked if there are no defects.)
REVIEWING DRIVER'S SIGNATURE: _____ Date: _____

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**WRECKMASTER****DRIVER VEHICLE INSPECTION REPORT***COMPLETION OF THIS REPORT REQUIRED BY FEDERAL LAW*

Company Name: _____

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<input type="checkbox"/> Cab/doors/windows <input type="checkbox"/> Body/doors <input type="checkbox"/> Oil leak <input type="checkbox"/> Grease leak <input type="checkbox"/> Coolant leak <input type="checkbox"/> Fuel leak <input type="checkbox"/>	<input type="checkbox"/> Oil level - engine <input type="checkbox"/> Coolant level <input type="checkbox"/> Battery <input type="checkbox"/> Oil level - power steering <input type="checkbox"/> Belts / hoses <input type="checkbox"/> Others <input type="checkbox"/>
POWER UNIT	WRECKER UNIT
<input type="checkbox"/> Engine <input type="checkbox"/> Trans / P. T. O. <input type="checkbox"/> Clutch <input type="checkbox"/> Steering mechanism <input type="checkbox"/> Horn (s) <input type="checkbox"/> Windshield / wipers / washer <input type="checkbox"/> Rear vision mirrors <input type="checkbox"/> Lighting devices / reflectors <input type="checkbox"/> Parking brake <input type="checkbox"/> Service brakes <input type="checkbox"/> Emergency brakes <input type="checkbox"/> Air lines / light cord <input type="checkbox"/> Exhaust <input type="checkbox"/> Coupling device <input type="checkbox"/> Tires / mud flaps <input type="checkbox"/> Wheels / rims / lugs / studs <input type="checkbox"/> Seat belts / First Aid kit <input type="checkbox"/> Gauges / warning devices <input type="checkbox"/> Low air warning devices <input type="checkbox"/> Triangles <input type="checkbox"/> Fire extinguisher <input type="checkbox"/> Spare fuses <input type="checkbox"/> Heater / defroster <input type="checkbox"/>	<input type="checkbox"/> Equipment mounting <input type="checkbox"/> Hydraulic cylinders/hoses/valves <input type="checkbox"/> Equipment controls / P. T. O. <input type="checkbox"/> Throttle control <input type="checkbox"/> Wire / sheaves <input type="checkbox"/> Snatch blocks / shackles <input type="checkbox"/> J/T/R hook / tow chains <input type="checkbox"/> Recovery chains <input type="checkbox"/> Safety chains <input type="checkbox"/> Load binders / tie down chains <input type="checkbox"/> Wheels / axle tie down devices <input type="checkbox"/> Dollies <input type="checkbox"/> Portable tow lights / reflectors <input type="checkbox"/> Auxiliary work lights <input type="checkbox"/> Emergency warning lights / cones <input type="checkbox"/> Steering wheel securing devices <input type="checkbox"/> L arms / grids / loading bridle <input type="checkbox"/> Forks / attachments <input type="checkbox"/> Wheel lift / under reach pivot pins <input type="checkbox"/> Tow sling / truck hitch / pivot pins <input type="checkbox"/> Sub frame / bed locks <input type="checkbox"/> Wheel chocks / scotch blocks <input type="checkbox"/> Broom / shovel / debris container <input type="checkbox"/>

REPORTING DRIVER'S NAME: _____ Date: _____
<input type="checkbox"/> Defects need correction (see remarks below)
CERTIFIED BY (NAME): _____ <input type="checkbox"/> Defects corrected
_____ Date: _____

VEHICLE CONDITION OK NO DEFECTS <input type="checkbox"/> (Must be checked if there are no defects.)
REVIEWING DRIVER'S SIGNATURE: _____ Date: _____

REMARKS: (use back of DVI for additional remarks)

Types and Class of Commercial Licenses

Type 1 Certification allows a driver to operate a commercial motor vehicle in interstate commerce.

Type 2 Certification allows a driver to operate a commercial motor vehicle in intrastate (only within the state) commerce.

Class A License allows the holder to operate any combination of vehicles, including: a vehicle exceeding 26,000 GVWR that is towing a trailer over 10,000 pounds articulated buses with a GCVWR exceeding 26,000 pounds. any vehicle authorized to be driven under Class B, C or D.

Class B License allows the holder to operate: a vehicle exceeding 26,000 GVWR that is towing a trailer at/or under 10,000 pounds GVWR. a school bus, or any bus or other vehicle hauling 16 or more passengers, including the driver. Class C or D vehicles.

Class C License allows the holder to operate: a single vehicle under 26,000 pounds. a vehicle that hauls hazardous materials in an amount sufficient to require placarding under Title 49 Code of Federal Regulations (CFR) Part 391. a school bus, or any vehicle that hauls 16 or more passengers, including the driver."

Non-CDL Operator – "Any single vehicle with a gross vehicle weight rating not in excess of 26,000 pounds, any such vehicle towing a vehicle with a gross vehicle weight rating not in excess of 10,000 pounds, any such vehicle towing a vehicle with a gross vehicle weight rating in excess of 10,000 pounds, provided that the combination of vehicles has a gross combined vehicle weight rating not in excess of 26,000 pounds, and any self-propelled or towed vehicle that is equipped to serve as temporary living quarters for recreational, camping, or travel purposes and is used solely as a family or personal conveyance."

IT IS THE RESPONSIBILITY OF ALL OPERATORS, MANAGERS AND/OR COMPANY PRINCIPLES TO CHECK WITH THEIR STATE LAWS AND REGULATIONS.

For more information go to:
The Federal Motor Carrier Safety Administration Website
[Http://www.fmcsa.dot.gov/](http://www.fmcsa.dot.gov/)
800-832-5660

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Class A License allows the holder to operate any combination of vehicles, including: a vehicle exceeding 26,000 GVWR that is towing a trailer over 10,000 pounds articulated buses with a GCVWR exceeding 26,000 pounds. any vehicle authorized to be driven under Class B, C or D.

Class B License allows the holder to operate: a vehicle exceeding 26,000 GVWR that is towing a trailer at/or under 10,000 pounds GVWR. a school bus, or any bus or other vehicle hauling 16 or more passengers, including the driver. Class C or D vehicles.

Class C License allows the holder to operate: a single vehicle under 26,000 pounds. a vehicle that hauls hazardous materials in an amount sufficient to require placarding under Title 49 Code of Federal Regulations (CFR) Part 391. a school bus, or any vehicle that hauls 16 or more passengers, including the driver."

Non-CDL Operator – "Any single vehicle with a gross vehicle weight rating not in excess of 26,000 pounds, any such vehicle towing a vehicle with a gross vehicle weight rating not in excess of 10,000 pounds, any such vehicle towing a vehicle with a gross vehicle weight rating in excess of 10,000 pounds, provided that the combination of vehicles has a gross combined vehicle weight rating not in excess of 26,000 pounds, and any self-propelled or towed vehicle that is equipped to serve as temporary living quarters for recreational, camping, or travel purposes and is used solely as a family or personal conveyance."

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DEFINITIONS/EXPLANATIONS

CMV – means a motor vehicle that has any of the following characteristics: (1) A gross vehicle weight (GVW), gross vehicle weight rating (GVWR), gross combination weight (GCW), or gross combination weight rating (GCWR) of 10,001 pounds (4,537 kilograms) or more involved in Interstate Commerce; (2) A gross vehicle weight (GVW), gross vehicle weight rating (GVWR), gross combination weight (GCW), or gross combination weight rating (GCWR) of 26,001 pounds (11,795 kilograms) or more involved in Intrastate Commerce. (CFR-Title 49-SubTitle B-Chapter III-Subchapter B-Part 390.5) “Commercial motor vehicle means a motor vehicle or combination of motor vehicles used in commerce to transport passengers or property if the vehicle— (1) Has a gross combination weight rating of 11,794 or more kilograms (26,001 or more pounds) inclusive of a towed unit with a gross vehicle weight rating of more than 4,536 kilograms (10,000 pounds); or (2) Has a gross vehicle weight rating of 11,794 or more kilograms (26,001 or more pounds).” (CFR-title 49, subtitle B, Chapter III, subchapter B, Part 382.107)

Interstate Commerce – Conducting business crossing State lines, picking up and/or dropping off. “Interstate commerce means trade, traffic, or transportation in the United States— (1) Between a place in a State and a place outside of such State (including a place outside of the United States) ;(2) Between two places in a State through another State or a place outside of the United States; or (3) Between two places in a State as part of trade, traffic, or transportation originating or terminating outside the State or the United States.” (CFR-title 49, subtitle B, Chapter III, subchapter B, Part 390.5)

Intrastate Commerce – Conducting business with-in Companies Domiciled State, picking up and/or dropping off. “Intrastate commerce means any trade, traffic, or transportation in any State which is not described in the term “interstate commerce.” (CFR-title 49, subtitle B, Chapter III, subchapter B, Part 390.5)

HOS CDL Operator – Short Haul Operation “(e) Short-haul operations—(1) 100 air-mile radius driver. A driver is exempt from the requirements of § 395.8 if: (i) The driver operates within a 100 air-mile radius of the normal work reporting location; (ii) The driver, except a driver-salesperson, returns to the work reporting location and is released from work within 12 consecutive hours; (iii)(A) A property-carrying commercial motor vehicle driver has at least 10 consecutive hours off duty separating each 12 hours on duty; (iv)(A) A property-carrying commercial motor vehicle driver does not exceed the maximum driving time specified in § 395.3(a)(3) following 10 consecutive hours off duty; or (B) A passenger-carrying commercial motor vehicle driver does not exceed 10 hours maximum driving time following 8 consecutive hours off duty; and (v) The motor carrier that employs the driver maintains and retains for a period of 6 months accurate and true time records showing: (A) The time the driver reports for duty each day; (B) The total number of hours the driver is on duty each day; (C) The time the driver is released from duty each day; and (D) The total time for the preceding 7 days in accordance with § 395.8(j)(2) for drivers used for the first time or intermittently.” (CFR Title 49, Subtitle B, Chapter III, Subchapter B, Part 390.105)

DEFINITIONS/EXPLANATIONS

CMV – means a motor vehicle that has any of the following characteristics: (1) A gross vehicle weight (GVW), gross vehicle weight rating (GVWR), gross combination weight (GCW), or gross combination weight rating (GCWR) of 10,001 pounds (4,537 kilograms) or more involved in Interstate Commerce; (2) A gross vehicle weight (GVW), gross vehicle weight rating (GVWR), gross combination weight (GCW), or gross combination weight rating (GCWR) of 26,001 pounds (11,795 kilograms) or more involved in Intrastate Commerce. (CFR-Title 49-SubTitle B-Chapter III-Subchapter B-Part 390.5) “Commercial motor vehicle means a motor vehicle or combination of motor vehicles used in commerce to transport passengers or property if the vehicle— (1) Has a gross combination weight rating of 11,794 or more kilograms (26,001 or more pounds) inclusive of a towed unit with a gross vehicle weight rating of more than 4,536 kilograms (10,000 pounds); or (2) Has a gross vehicle weight rating of 11,794 or more kilograms (26,001 or more pounds).” (CFR-title 49, subtitle B, Chapter III, subchapter B, Part 382.107)

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DEFINITIONS/EXPLANATIONS (CONTINUED)

HOS – Hours of Service. (CFR Title 49, Subtitle B, Chapter III, Subchapter B, Part 395.3)

HOS Operator – Except for Short Haul Operations, All operators must maintain a FMCSA approved Log Book.

Pre-trip – Visual walk around Inspection of CMV, validating Safe Operational condition of CMV.

DVI – Driver Vehicle Inspection.

On Duty – Driving – Reporting and checked into work (on duty), driving.

On Duty – Not Driving – Reporting and checked into work (on duty), not driving.

Off Duty – Checked out from work (no longer on duty).

CDL Operator – An operator that has been issued by a State a Commercial Drivers License.

HOS Non-CDL Operator – Short Haul Operation (e) Short-haul operations— (2) Operators of property-carrying commercial motor vehicles not requiring a commercial driver's license. Except as provided in this paragraph, a driver is exempt from the requirements of § 395.3(a)(2) and § 395.8 and ineligible to use the provisions of § 395.1(e)(1), (g), and (o) if: (i) The driver operates a property-carrying commercial motor vehicle for which a commercial driver's license is not required under part 383 of this subchapter; (ii) The driver operates within a 150 air-mile radius of the location where the driver reports to and is released from work, i.e., the normal work reporting location; (iii) The driver returns to the normal work reporting location at the end of each duty tour; (iv) The driver does not drive: (A) After the 14th hour after coming on duty on 5 days of any period of 7 consecutive days; and (B) After the 16th hour after coming on duty on 2 days of any period of 7 consecutive days; (v) The motor carrier that employs the driver maintains and retains for a period of 6 months accurate and true time records showing: (A) The time the driver reports for duty each day; (B) The total number of hours the driver is on duty each day; (C) The time the driver is released from duty each day; (D) The total time for the preceding 7 days in accordance with § 395.8(j)(2) for drivers used for the first time or intermittently." (CFR Title 49, Subtitle B, Chapter III, Subchapter B, Part 390.105)



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DEFINITIONS/EXPLANATIONS (CONTINUED)

HOS – Hours of Service. (CFR Title 49, Subtitle B, Chapter III, Subchapter B, Part 395.3)

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