



SECTION 1 GENERAL INFORMATION

Tractor Unit:	Trailer Units:
Address:	Date:
Postal Code:	Start Time:
Drive Name:	End Time:
Home Terminal:	Total Time Driving:
Odometer Reading Start:	Odometer Reading Finished:

SECTION 2 REQUIREMENTS

In pre-trip inspection, I have detected no defect or deficiency in this motor vehicle as would be likely to affect the safety of its operation or result in its mechanical breakdown. TIME _____ am _____ pm Signature _____.

In post-trip inspection, I have detected no defect or deficiency in this motor vehicle as would be likely to affect the safety of its operation or result in its mechanical breakdown. TIME _____ am _____ pm Signature _____.

STATUS: Satisfactory
 Unsatisfactory

REQUIREMENTS		STATUS	REQUIREMENTS		STATUS
TRACTOR REQUIREMENTS			TRACTOR REQUIREMENTS- Cont.		
1	Air Compressor		29	Seats	
2	Air Lines		30	Suspension	
3	Battery(s)		31	Steering Mechanism	
4	Belts/Hoses		32	Transmission(s)	
5	Body/Frame		33	Wheels/Tires/Studs	
6	Brakes, Adjustment		34	Windows/Visibility	
7	Brakes, Service System		35	W/Wipers/Washers	
8	Brakes Parking System		TRAILER REQUIREMENTS		
9	Charging System		36	Air Lines/Glad Hands	
10	Clutch		37	Body/Frame	
11	Cooling System		38	Brakes/Adjustment	
12	Coupling Devices		39	Coupling Devices	
13	Doors/Compartment		40	Doors/Compartments	
14	Drive Lines		41	Landing Gear	
15	Emergency Equipment		42	Lights/Reflectors	
16	Engine		43	Load Security Devices	
17	Exhaust System		44	Mud Flaps	
118	Fuel System		45	Suspension (s)	
19	Fuel Tanks		46	Wheels/Tires/Studs	
20	Heat/Defrost		47	Other	
21	Horns		SAFETY REQUIREMENTS		
22	Lights/Reflectors		48	Copy of DMI Truck Safe Manual	
23	Load Security Devices		49	Copy of DMI Forest Resources Response Guide	
24	Lubrication System (s)		50	PPE (hard hat, hearing protection, glasses, boots, hi-vis vest & respirator)	
25	Mirrors		51	Spill Kit	
26	Mud Flaps		52	Fire Extinguisher	
27	Oil Pressures		53	First Aid Kit	
28	Recording Device(s)		54		

SECTION 4 DAILY LOG

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	TOTAL HOURS
WRITE IN TIME																									
OFF-DUTY TIME																									
DRIVING TIME																									
ON-DUTY TIME																									
Comments	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	MUST TOTAL 24 HOURS

SECTION 5 DRIVER COMMENTS

Driver (print): _____ Signature: _____

