

DRIVER'S INSPECTION REPORT AND DISCHARGE DELIVERY SYSTEM DAILY CHECKLIST

Company/ Location _____ Truck or Tractor No. _____ Mileage (No Tenths) _____ Trailer No.(s) _____

ATA/VMRS System Code Numbers for Shop Use Only (✓) CHECK DEFECTS ONLY. Explain under REMARKS.

POWER UNIT		DISCHARGE DELIVERY SYSTEM															
GENERAL CONDITION <input type="checkbox"/> 02 Cab/Doors/Windows <input type="checkbox"/> 02 Body/Doors <input type="checkbox"/> Oil Leak _____ <input type="checkbox"/> Grease Leak _____ <input type="checkbox"/> 42 Coolant Leak <input type="checkbox"/> 44 Fuel Leak <input type="checkbox"/> Other _____ (IDENTIFY)	ENGINE COMPARTMENT <input type="checkbox"/> 45 Oil Level <input type="checkbox"/> 42 Coolant Level <input type="checkbox"/> Belts _____ <input type="checkbox"/> Other _____ _____ (IDENTIFY) <input type="checkbox"/> NO DEFECTS	_____ Written emergency discharge procedures are in the truck for all delivery operations.															
IN-CAB <input type="checkbox"/> 03 Gauges/Warning Indicators <input type="checkbox"/> 02 Windshield Wipers/Washers <input type="checkbox"/> 54 Horns <input type="checkbox"/> 01 Heater/Defroster <input type="checkbox"/> 02 Mirrors <input type="checkbox"/> 15 Steering <input type="checkbox"/> 23 Clutch <input type="checkbox"/> 13 Service Brakes <input type="checkbox"/> 13 Parking Brake <input type="checkbox"/> 13 Emergency Brakes <input type="checkbox"/> 53 Triangles <input type="checkbox"/> 53 Fire Extinguisher <input type="checkbox"/> 53 Other Safety Equipment <input type="checkbox"/> 34 Spare Fuses <input type="checkbox"/> 02 Seat Belts <input type="checkbox"/> Other _____ (IDENTIFY)		EXTERIOR <input type="checkbox"/> 34 Lights <input type="checkbox"/> 34 Reflectors <input type="checkbox"/> 16 Suspension <input type="checkbox"/> 17 Tires <input type="checkbox"/> 18 Wheels/Rims/Lugs <input type="checkbox"/> 32 Battery <input type="checkbox"/> 43 Exhaust <input type="checkbox"/> 13 Brakes <input type="checkbox"/> 13 Air Lines <input type="checkbox"/> 34 Light Line <input type="checkbox"/> 49 Fifth Wheel <input type="checkbox"/> 49 Other Coupling <input type="checkbox"/> 71 Tie-Downs <input type="checkbox"/> 14 Rear-End Protection <input type="checkbox"/> Other _____ (IDENTIFY)	_____ Daily inspection of off-truck remote mechanism. For a truck so equipped, check that off-truck remote mechanism is in good operating order within 18 hours prior to the first delivery each day and from 150 ft. from the vehicle.														
		ITEM	PER-TRANSFER														
		DISCHARGE SYSTEM _____ Observable components of sound quality _____ Free of Leaks _____ Connections are secure after equilibrium of discharge system/cargo tank DELIVERY HOSE DEPLOYED (check any defective item(s)) _____ Exposed reinforcement _____ Permanently deformed wire braid reinforcement _____ Soft spots (hose not under pressure) _____ Bulging (hose under pressure) _____ Loose outer covering _____ Damaged, slipped or worn couplings _____ Bolts loose, missing or severely corroded CARGO/RECEIVING TANKS _____ Observe every 5 minutes for over 5 minute deliveries _____ Remain awake within 150 ft. of cargo tank _____ Remain within 25 ft. of delivery hose during unloading OFF-TRUCK REMOTE ACTIVATION DEVICE _____ Attendant possesses during unloading (if equipped)	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
TOWED UNIT(S) <input type="checkbox"/> 71 Body/Doors <input type="checkbox"/> 71 Tie-Downs <input type="checkbox"/> 34 Lights <input type="checkbox"/> 34 Reflectors <input type="checkbox"/> 16 Suspension <input type="checkbox"/> 17 Tires <input type="checkbox"/> 18 Wheels/Rims/Lugs <input type="checkbox"/> 13 Brakes <input type="checkbox"/> 77 Landing Gear <input type="checkbox"/> 59 King Pin/Upper Plate _____ (IDENTIFY)		<input type="checkbox"/> 59 Fifth-Wheel (Dolly) <input type="checkbox"/> 59 Other Coupling Devices <input type="checkbox"/> 79 Rear End Protection <input type="checkbox"/> Other _____ (IDENTIFY)	Remarks _____ _____ _____ <input type="checkbox"/> CONDITION OF THE ABOVE VEHICLE IS SATISFACTORY														
<input type="checkbox"/> ABOVE DEFECTS CORRECTED <input type="checkbox"/> ABOVE DEFECTS NEED NOT BE CORRECTED FOR SAFE VEHICLE OPERATION		Driver's Signature _____	Date _____														