DRIVER'S DAILY VEHICLE INSPECTION REPORT

Lampton-Love, Inc. Group of Affiliated Companies

Company: _____ Month/Year: _____

City/St: _____ Vehicle #: _____ Odometer Start: _____

As required by the D.O.T. Federal Motor Carrier Safety regulations (Part 396) start a new form each month. This form must be carried in the vehicle.

Inspect each applicable item daily. Note any defects on the reverse side of this form.	**Day of Month**	**Vehicle Safe To Operate**		**Pre-trip Inspection (*Initials*)**	**Odor Verification (*Note 3*)**	**Post-trip Inspection (*Driver's Signature*)**	**Number of Miles Driven Today**
		Yes	**No**				
Oil, Coolant Leaks	1						
☼ Fluid Levels	2						
☼ Windshield	3						
☼ Mirrors	4						
☼ Tires	5						
☼ Wheels/rings/lugs	6						
☼ Suspension Springs	7						
☼ Fire extinguisher / Seals	8						
Cab Clutter	9						
Seatbelts	10						
☼ Shipping Papers	11						
Safety Visor / Paperwork	12						
Warning Tags	13						
Decals	14						
☼ Triangles / First Aid Kit	15						
☼ Horn	16						
☼ Gauges & Warning Devices	17						
☼ Windshield Wipers	18						
☼ Lights / Reflectors	19						
☼ Steering	20						
☼ Brakes, Parking / Service	21						
☼ Hose Reel / Switch / Motor	22						
☼ PTO / Pump	23						
☼ Meter / Seals	24						
☼ Emergency Shutdown System (Test @ 150 ft.)	25						
☼ Hose Condition	26						
☼ Hose End Safety Valve	27						
☼ Plumbing	28						
☼ Propane Leaks	29						
☼ Tank Bolts	30						
☼ Chocks	31						
☼ Cargo Secured							
Spare Bulbs / Fuses							
☼ Body / Tank Damage							
☼ Discharge System Checked							
☼ Any condition that affects safe operation of vehicle.							
NOTE: All defects shall be immediately communicated to the Branch Manager.							

☼ *These items must be in good working order to use.*

Note 1: Retain this report for 90 days in the appropriate file in the Branch Manager's office.

Note 2: See reverse side for description of defects and authorized signatures.

Note 3: Insert the following for Odorant Verification sniff tests (W = Weak, M = Moderate, S = Strong)

NOTE: All defects shall be immediately communicated to the Branch Manager.

Description of Defects	Date Discovered	Date Repairs Completed	Repairs Completed (*Authorized Signature*)

Weekly Inspections

Inspection Date (Week)	Piping & Hose		Tires			Driver's Signature
	Pass	Fail	Pressure Okay	Front Tread Okay	Rear Tread Okay	
1st						
2nd						
3rd						
4th						
5th						

Hose I.D. Number:	Hose Assembly Date:

Comments:

Inspect Vehicle's Fire Extinguisher Monthly	**Branch Manager End of Month Review**
Driver's Signature:	Manager's Signature:
Date:	Date: