

DVIR Report

Date: _____ / _____ / _____

Driver/Operator: _____

Vehicle #: _____
last 6 of VIN #

Odometer Reading _____

Cleanliness Pass Fail Comment _____

Engine Warnings Pass Fail Comment _____

Oil Life Left _____ %

Fuel Level Full 3/4 1/2 1/4 Empty

DEF Fluid Level Full 3/4 1/2 1/4 Empty N/A

Steering Pass Fail Comment _____

Horn Pass Fail Comment _____

Windshield Washers/Wipers Pass Fail Comment _____

Mirrors Pass Fail Comment _____

Lighting & Reflectors Pass Fail Comment _____

Parking Brake Pass Fail Comment _____

Brake System Pass Fail Comment _____

Air Leaks Pass Fail N/A Comment _____

Coupling/Towing Devices Pass Fail N/A Comment _____

Tires Pass Fail Comment _____

Wheels & Rims Pass Fail Comment _____

Emergency Equipment Pass Fail N/A Comment _____

Safe to Operate? Yes No Comment _____

Signature _____