

BC Class 4 Trip Inspection Report

Type of Inspection	Pre-Trip Inspection <input type="checkbox"/>	Driver Name _____
	Post-Trip Inspection <input type="checkbox"/>	Date _____
		Location _____

Vehicle # _____ **Odometer Reading** _____ Km

I detect no defect or deficiency in this commercial vehicle

I found the following defects:

Engine Compartment

	Pass	Fail		Pass	Fail
Oil Level	<input type="checkbox"/>	<input type="checkbox"/>	Brake fluid	<input type="checkbox"/>	<input type="checkbox"/>
Power Steering Fluid	<input type="checkbox"/>	<input type="checkbox"/>	Transmission Fluid	<input type="checkbox"/>	<input type="checkbox"/>
Windshield Fluid	<input type="checkbox"/>	<input type="checkbox"/>	Fan Belts	<input type="checkbox"/>	<input type="checkbox"/>
Battery	<input type="checkbox"/>	<input type="checkbox"/>	Coolant Level	<input type="checkbox"/>	<input type="checkbox"/>

Drivers Area with Engine Running

	Pass	Fail		Pass	Fail
Engine noise	<input type="checkbox"/>	<input type="checkbox"/>	Guages	<input type="checkbox"/>	<input type="checkbox"/>
Steering Looseness	<input type="checkbox"/>	<input type="checkbox"/>	Check Horn	<input type="checkbox"/>	<input type="checkbox"/>
Gear Shifter	<input type="checkbox"/>	<input type="checkbox"/>	Light Switches	<input type="checkbox"/>	<input type="checkbox"/>
Wiper Function	<input type="checkbox"/>	<input type="checkbox"/>	Recording Device	<input type="checkbox"/>	<input type="checkbox"/>
Air Conditioning	<input type="checkbox"/>	<input type="checkbox"/>	Documents (insurance, registration)	<input type="checkbox"/>	<input type="checkbox"/>
Heater/Defroster	<input type="checkbox"/>	<input type="checkbox"/>			

Lights

	Pass	Fail		Pass	Fail
Low Beam	<input type="checkbox"/>	<input type="checkbox"/>	Four-Way Flashers	<input type="checkbox"/>	<input type="checkbox"/>
High Beam	<input type="checkbox"/>	<input type="checkbox"/>	Dashboard Light	<input type="checkbox"/>	<input type="checkbox"/>
Front Turn Signals	<input type="checkbox"/>	<input type="checkbox"/>	Interior Lights	<input type="checkbox"/>	<input type="checkbox"/>
Rear Turn Signals	<input type="checkbox"/>	<input type="checkbox"/>	Brake Lights	<input type="checkbox"/>	<input type="checkbox"/>
Door Lights	<input type="checkbox"/>	<input type="checkbox"/>	License Plate Lights	<input type="checkbox"/>	<input type="checkbox"/>
Back-Up Lights	<input type="checkbox"/>	<input type="checkbox"/>			

Walk-Around

	Pass	Fail		Pass	Fail
Body Condition	<input type="checkbox"/>	<input type="checkbox"/>	Lug Nuts Tight	<input type="checkbox"/>	<input type="checkbox"/>
Windshield Condition	<input type="checkbox"/>	<input type="checkbox"/>	Tire Pressure	<input type="checkbox"/>	<input type="checkbox"/>
Leaks	<input type="checkbox"/>	<input type="checkbox"/>	Wiper Condition	<input type="checkbox"/>	<input type="checkbox"/>
Side Mirrors	<input type="checkbox"/>	<input type="checkbox"/>	Tire Rim Condition	<input type="checkbox"/>	<input type="checkbox"/>
Exhaust	<input type="checkbox"/>	<input type="checkbox"/>	Fuel Tank Cap	<input type="checkbox"/>	<input type="checkbox"/>

Brakes and Suspension

	Pass	Fail		Pass	Fail
Parking Brake	<input type="checkbox"/>	<input type="checkbox"/>	Front Suspension	<input type="checkbox"/>	<input type="checkbox"/>
Brake Function	<input type="checkbox"/>	<input type="checkbox"/>	Rear Suspension	<input type="checkbox"/>	<input type="checkbox"/>

Passenger Area

	Pass	Fail		Pass	Fail
Entry Steps Secure	<input type="checkbox"/>	<input type="checkbox"/>	Handrail Secure	<input type="checkbox"/>	<input type="checkbox"/>
Seats Secure	<input type="checkbox"/>	<input type="checkbox"/>	Seatbelts Function	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Exit Clear	<input type="checkbox"/>	<input type="checkbox"/>	Roof Hatch	<input type="checkbox"/>	<input type="checkbox"/>

Wheelchair Lift

	Pass	Fail		Pass	Fail
Access Door	<input type="checkbox"/>	<input type="checkbox"/>	Lift Switch	<input type="checkbox"/>	<input type="checkbox"/>
Hydraulic Fluids	<input type="checkbox"/>	<input type="checkbox"/>	Tie Down Straps	<input type="checkbox"/>	<input type="checkbox"/>
Electrical Controls	<input type="checkbox"/>	<input type="checkbox"/>	Manual Controls	<input type="checkbox"/>	<input type="checkbox"/>

Notes

Driver Report

Above defects corrected

Above defects need not be corrected for safe operation of vehicle

Signature

Date

Time

am/pm



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