



Unit # _____
Date: ____/____/____

P.O. Box 330
Grain Valley, MO 64029

Time In: _____ Total Hours:
Time Out: _____

Driver Name _____

USE ONE SHEET PER DAY; INCLUDE INFORMATION FOR EACH TRIP

Trip # _____	Starting City / State _____
Ending Odometer _____	Ending City / State _____
Beg Odometer _____	Major Route _____
Total Miles _____	Drop / Stop City _____
KS Miles _____ MO Miles _____	Comments _____

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FUEL DATA

FUEL LOCATION _____

OF GALLONS _____ \$\$ PER GAL _____ AMOUNT \$ _____

Turn this sheet in each Friday with Payroll

DRIVER INSPECTION REPORT ON OTHER SIDE

DRIVER'S VEHICLE INSPECTION REPORT

AS REQUIRED BY THE D.O.T. FEDERAL MOTOR CARRIER SAFETY REGULATIONS

CARRIER: **GFS TRANSPORTATION, INC.**

ADDRESS: **P.O. BOX 330 - 3015 S. SLAUGHTER RD., GRAIN VALLEY, MO 64029**

DATE: ____ / ____ / ____ TIME: _____ AM _____ PM

CHECK ANY DEFECTIVE ITEM AND GIVE DETAILS UNDER "REMARKS"

TRACTOR/
TRUCK NO. _____ ODOMETER READING: _____

- | | | |
|---|---|--|
| <input type="checkbox"/> Air Compressor | <input type="checkbox"/> Horn | <input type="checkbox"/> Suspension System |
| <input type="checkbox"/> Air Lines | <input type="checkbox"/> Lights | <input type="checkbox"/> Starter |
| <input type="checkbox"/> Battery | Head - Stop | <input type="checkbox"/> Steering |
| <input type="checkbox"/> Body | Tail - Dash | <input type="checkbox"/> Tachograph |
| <input type="checkbox"/> Brake Accessories | Turn Indicators | <input type="checkbox"/> Tires |
| <input type="checkbox"/> Brakes, Parking | <input type="checkbox"/> Mirrors | <input type="checkbox"/> Tire Chains |
| <input type="checkbox"/> Brakes, Service | <input type="checkbox"/> Muffler | <input type="checkbox"/> Transmission |
| <input type="checkbox"/> Clutch | <input type="checkbox"/> Oil Pressure | <input type="checkbox"/> Wheels and Rims |
| <input type="checkbox"/> Coupling Devices | <input type="checkbox"/> Radiator | <input type="checkbox"/> Windows |
| <input type="checkbox"/> Defroster / Heater | <input type="checkbox"/> Rear End | <input type="checkbox"/> Windshield Wipers |
| <input type="checkbox"/> Drive Line | <input type="checkbox"/> Reflectors | <input type="checkbox"/> Other |
| <input type="checkbox"/> Engine | <input type="checkbox"/> Safety Equipment | |
| <input type="checkbox"/> Exhaust | Fire Extinguisher | |
| <input type="checkbox"/> Fifth Wheel | Reflective Triangles | |
| <input type="checkbox"/> Frame and Assembly | Flags - Flares - Fuses | |
| <input type="checkbox"/> Front Axle | Spare Bulbs - Fuses | |
| <input type="checkbox"/> Fuel Tanks | Spare Seal Beam | |

TRAILER(S) NO. (S) _____

- | | | |
|--|--|--|
| <input type="checkbox"/> Brake Connections | <input type="checkbox"/> Hitch | <input type="checkbox"/> Tarpaulin |
| <input type="checkbox"/> Brakes | <input type="checkbox"/> Landing Gear | <input type="checkbox"/> Tires |
| <input type="checkbox"/> Coupling Devices | <input type="checkbox"/> Lights - All | <input type="checkbox"/> Wheels and Rims |
| <input type="checkbox"/> Coupling (King) Pin | <input type="checkbox"/> Roof | <input type="checkbox"/> Other |
| <input type="checkbox"/> Doors | <input type="checkbox"/> Suspension System | |

Remarks: _____

CONDITION OF THE ABOVE VEHICLE IS SATISFACTORY

Driver's Signature: _____

ABOVE DEFECTS CORRECTED

ABOVE DEFECTS NEED NOT BE CORRECTED FOR SAFE OPERATION OF VEHICLE

Mechanic's Signature: _____ Date ____ / ____ / ____

Driver's Signature: _____ Date ____ / ____ / ____

ORIGINAL