



FAX: 604-592-2982  
PHONE: 1-888-772-9772

# TRAILER INSPECTION REPORT

Type of Inspection:       Pre-trip Inspection       Post-trip Inspection

Trailer # \_\_\_\_\_ Odometer Reading \_\_\_\_\_  Km    Miles

- I detected no defect or deficiency in this commercial motor vehicle.
- I found the following defects as noted below:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Air Lines/Glad Hands   | <input type="checkbox"/> Axles                | <input type="checkbox"/> Body/Frame         |
| <input type="checkbox"/> Brakes – Adjustment    | <input type="checkbox"/> Brakes – Connections | <input type="checkbox"/> Brakes             |
| <input type="checkbox"/> Coupling Devices       | <input type="checkbox"/> Coupling – Kingpin   | <input type="checkbox"/> Doors/Compartments |
| <input type="checkbox"/> Inspection Decal/Plate | <input type="checkbox"/> Landing Gear         | <input type="checkbox"/> Lights/Reflectors  |
| <input type="checkbox"/> Load Security/Dunnage  | <input type="checkbox"/> Mud Flaps            | <input type="checkbox"/> Springs            |
| <input type="checkbox"/> Suspension             | <input type="checkbox"/> Wheels/Tires/Studs   | <input type="checkbox"/> Other              |

**Remarks:**

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\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_       AM  
 Person inspecting vehicle (Please print)      Date      Time       PM

**Carrier/Agent's Report**

- Above defects corrected.
- Above defects need not be corrected for safe operation of vehicle.

\_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_       AM  
 Signature      Date      Time       PM

\_\_\_\_\_      \_\_\_\_\_  
 Title (Please Print)      Company Name (Please Print)

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