Driver Vehicle Inspection Report (DVIR)

49 CFR 396.11 & 396.13 Compliance Form

FIRST UNDERWRITERS
Insurance Brokers

VEHICLE & DRIVER INFORMATION

Date: _____ **Carrier:** _____

Tractor/Truck #: _____ **Odometer:** _____ **License Plate:** _____

Trailer 1 #: _____ **Trailer 2 #:** _____ **Trip/Route:** _____

Driver Name: _____ **Employee ID:** _____

INSPECTION TYPE

[ ] PRE-TRIP **[ ] POST-TRIP** **[ ] EN-ROUTE** **[ ] OTHER:** _____

TRACTOR / TRUCK INSPECTION

Item	OK	DEF	Item	OK	DEF
Air Compressor	[ ]	[ ]	Horn	[ ]	[ ]
Air Lines	[ ]	[ ]	Lights - Head/Stop/Tail/Dash	[ ]	[ ]
Battery	[ ]	[ ]	Lights - Turn Indicators	[ ]	[ ]
Body/Doors	[ ]	[ ]	Lights - Clearance/Marker	[ ]	[ ]
Brakes - Service	[ ]	[ ]	Mirrors	[ ]	[ ]
Brakes - Parking	[ ]	[ ]	Oil Level	[ ]	[ ]
Brakes - Emergency	[ ]	[ ]	Radiator/Coolant Level	[ ]	[ ]
Clutch	[ ]	[ ]	Reflectors	[ ]	[ ]
Coupling Devices (5th Wheel)	[ ]	[ ]	Safety Equipment	[ ]	[ ]
Defroster/Heater	[ ]	[ ]	Starter	[ ]	[ ]
Drive Line	[ ]	[ ]	Steering	[ ]	[ ]
Engine	[ ]	[ ]	Suspension System	[ ]	[ ]
Exhaust	[ ]	[ ]	Tires	[ ]	[ ]
Frame & Assembly	[ ]	[ ]	Transmission	[ ]	[ ]
Front Axle	[ ]	[ ]	Wheels & Rims	[ ]	[ ]
Fuel Tanks	[ ]	[ ]	Windows	[ ]	[ ]
Generator/Alternator	[ ]	[ ]	Windshield Wipers	[ ]	[ ]

© 2026 First Underwriters Insurance Brokers | www.firstunderwriters.com | (425) 242-5357

TRAILER INSPECTION

Item	OK	DEF	Item	OK	DEF
Brakes - Service	[ ]	[ ]	Landing Gear	[ ]	[ ]
Brakes - Parking/Emergency	[ ]	[ ]	Lights - All	[ ]	[ ]
Coupling Devices (Kingpin)	[ ]	[ ]	Reflectors/Reflective Tape	[ ]	[ ]
Coupling Devices (Chains)	[ ]	[ ]	Roof	[ ]	[ ]
Doors - Rear	[ ]	[ ]	Suspension System	[ ]	[ ]
Doors - Side	[ ]	[ ]	Tarpaulin	[ ]	[ ]
Floor	[ ]	[ ]	Tires	[ ]	[ ]
Frame & Body	[ ]	[ ]	Wheels & Rims	[ ]	[ ]
Hitch (for dolly)	[ ]	[ ]	Other: _____	[ ]	[ ]

DEFECTS / REMARKS (Describe all deficiencies found)

1. _____

2. _____

3. _____

4. _____

DRIVER CERTIFICATION

I certify that I have conducted a thorough inspection of this vehicle and/or trailer(s) as required by 49 CFR 396.11 and that the condition of this vehicle is as indicated above.

[ ] No defects or deficiencies noted **[ ] Defects or deficiencies noted above**

Driver Signature: _____ **Date:** _____

Driver Vehicle Inspection Report (DVIR)

49 CFR 396.11 & 396.13 Compliance Form

FIRST UNDERWRITERS
Insurance Brokers

MECHANIC / REPAIR CERTIFICATION (Complete if defects were noted)

I certify that I have reviewed the defects noted by the driver and have either corrected them or determined that correction is not necessary to operate the vehicle safely.

Repairs Made:

1. _____

2. _____

3. _____

4. _____

[ ] All defects corrected **[ ] Repairs not necessary for safe operation**

Mechanic Signature: _____ **Date:** _____

Mechanic Name (Print): _____ **Shop/Location:** _____

DRIVER REVIEW OF REPAIRS (Complete before next trip)

I have reviewed the above mechanic certification and am satisfied that the defects noted have been corrected or that repair was not needed for safe operation.

Driver Signature: _____ **Date:** _____

REGULATORY REQUIREMENTS

- **49 CFR 396.11** - Requires drivers to prepare a DVIR at the completion of each day's work on each vehicle operated.
- **49 CFR 396.13** - Requires drivers to review the previous driver's report and sign it before operating the vehicle.
- **Retention:** Motor carriers must retain DVIRs and certifications for at least 3 months.
- **Pre-Trip Inspection:** Before driving, check that the vehicle is in safe operating condition.
- **Post-Trip Inspection:** At the end of the trip, report any defects discovered during operation.

Questions about fleet compliance and insurance?
First Underwriters Insurance Brokers
(425) 242-5357 | www.firstunderwriters.com

© 2026 First Underwriters Insurance Brokers | www.firstunderwriters.com | (425) 242-5357