



Motor Carrier Attachment 30:

DVIRs for 2011 Peterbilt

Cranbury, NJ; 06/07/2014

HWY14MH012

(32 pages)

slot 26

Wed 0600

DRIVER'S INSPECTION REPORT

White - Fleet Safety
Canary - Maintenance

WAL-MART TRANSPORTATION, LLC
BENTONVILLE, AR 72712

COMPLETION OF THIS REPORT REQUIRED BY FEDERAL LAW, 49 CFR 396.11 & 396.13.

Truck or Tractor No. 02568

Mileage (No Tenths) 322901

Trailer No. 102735

Dolly No. _____ Trailer No. _____ Transportation Office 7834
ATAVMRS System Code Numbers for Shop Use Only CHECK DEFECTS ONLY. Explain under REMARKS.

POWER UNIT		
GENERAL CONDITION	IN-CAB	EXTERIOR
<input type="checkbox"/> 02 Cab/Doors/Windows	<input checked="" type="checkbox"/> 03 Gauges/Warning Indicators	<input type="checkbox"/> 34 Lights
<input type="checkbox"/> 02 Body/Doors	<input type="checkbox"/> 02 Windshield Wipers/Washers	<input type="checkbox"/> 34 Reflectors
<input type="checkbox"/> Oil Leak _____	<input type="checkbox"/> 54 Horns	<input type="checkbox"/> 16 Suspension
<input type="checkbox"/> Grease Leak _____	<input type="checkbox"/> 01 Heater/Defroster	<input type="checkbox"/> 17 Tires
<input type="checkbox"/> 42 Coolant Leak	<input type="checkbox"/> 02 Mirrors	<input type="checkbox"/> 18 Wheels/Rims/Lugs
<input type="checkbox"/> 44 Fuel Leak	<input type="checkbox"/> 16 Steering	<input type="checkbox"/> 32 Battery
<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> 23 Clutch	<input checked="" type="checkbox"/> 43 Exhaust
(IDENTIFY)	<input type="checkbox"/> 13 Service Brakes	<input type="checkbox"/> 13 Brakes
	<input type="checkbox"/> 13 Parking Brake	<input type="checkbox"/> 13 Air Lines
	<input type="checkbox"/> 13 Emergency Brakes	<input type="checkbox"/> 34 Light Line
	<input type="checkbox"/> 53 Triangles	<input type="checkbox"/> 49 Fifth-Wheel
	<input type="checkbox"/> 53 Fire Extinguisher	<input type="checkbox"/> 49 Other Coupling
	<input type="checkbox"/> 53 Other Safety Equipment	<input type="checkbox"/> 71 Tie-Downs
	<input type="checkbox"/> 34 Spare Fuses	<input type="checkbox"/> 14 Rear-End Protection
	<input type="checkbox"/> 02 Seat Belts	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Other _____	(IDENTIFY)
	(IDENTIFY)	<input type="checkbox"/> NO DEFECTS

TOWED UNIT(S)			
<input type="checkbox"/> 71 Body/Doors	<input type="checkbox"/> 16 Suspension	<input type="checkbox"/> 77 Landing Gear	<input type="checkbox"/> 79 Rear-End Protection
<input type="checkbox"/> 71 Tie-Downs	<input type="checkbox"/> 17 Tires	<input type="checkbox"/> 59 King Pin/Upper Plate	<input type="checkbox"/> Other _____
<input type="checkbox"/> 34 Lights	<input type="checkbox"/> 18 Wheels/Rims/Lugs	<input type="checkbox"/> 59 Fifth-Wheel (Dolly)	(IDENTIFY)
<input type="checkbox"/> 34 Reflectors	<input type="checkbox"/> 13 Brakes	<input type="checkbox"/> 59 Other Coupling Devices	<input checked="" type="checkbox"/> NO DEFECTS

REMARKS: 1) Peterbilt Engine life on again truck emits smoke when climbing hill 2) clutch needs adjusting

REPORTING DRIVER: Name _____	Date <u>3-9-2014</u>	MAINTENANCE ACTION: Repairs Made <input type="checkbox"/>	Date _____	No Repairs Needed <input type="checkbox"/>
REVIEWING DRIVER: Name _____	Date _____	R.O.#S _____	Certified By: _____	Location: _____

SHOP REMARKS: _____

DRIVER'S INSPECTION REPORT

White - Fleet Safety
Canary - Maintenance

WAL-MART TRANSPORTATION, LLC
BENTONVILLE, AR 72712

COMPLETION OF THIS REPORT REQUIRED BY FEDERAL LAW, 49 CFR 396.11 & 396.13.
Mileage (No Tenths)

Truck or Tractor No. 02568 Mileage 322558 Trailer No. 75935

Dolly No. _____ Trailer No. _____ Transportation Office 7834
ATA/MRS System Code Numbers for Shop Use Only CHECK DEFECTS ONLY. Explain under REMARKS.

POWER UNIT		
GENERAL CONDITION <input type="checkbox"/> 02 Cab/Doors/Windows <input type="checkbox"/> 02 Body/Doors <input type="checkbox"/> Oil Leak _____ <input type="checkbox"/> Grease Leak _____ <input type="checkbox"/> 42 Coolant Leak <input type="checkbox"/> 44 Fuel Leak <input type="checkbox"/> Other _____ <div style="text-align: center;">(IDENTIFY)</div>	IN-CAB <input type="checkbox"/> 03 Gauges/Warning Indicators <input type="checkbox"/> 02 Windshield Wipers/Washers <input type="checkbox"/> 54 Horns <input type="checkbox"/> 01 Heater/Defroster <input type="checkbox"/> 02 Mirrors <input type="checkbox"/> 15 Steering <input type="checkbox"/> 23 Clutch <input type="checkbox"/> 13 Service Brakes <input type="checkbox"/> 13 Parking Brake <input type="checkbox"/> 13 Emergency Brakes <input type="checkbox"/> 53 Triangles <input type="checkbox"/> 53 Fire Extinguisher <input type="checkbox"/> 53 Other Safety Equipment <input type="checkbox"/> 34 Spare Fuses <input type="checkbox"/> 02 Seat Belts <input type="checkbox"/> Other _____ <div style="text-align: center;">(IDENTIFY)</div>	EXTERIOR <input type="checkbox"/> 34 Lights <input type="checkbox"/> 34 Reflectors <input type="checkbox"/> 16 Suspension <input type="checkbox"/> 17 Tires <input type="checkbox"/> 18 Wheels/Rims/Lugs <input type="checkbox"/> 32 Battery <input type="checkbox"/> 43 Exhaust <input type="checkbox"/> 13 Brakes <input type="checkbox"/> 13 Air Lines <input type="checkbox"/> 34 Light Line <input type="checkbox"/> 49 Fifth-Wheel <input type="checkbox"/> 49 Other Coupling <input type="checkbox"/> 71 Tie-Downs <input type="checkbox"/> 14 Rear-End Protection <input type="checkbox"/> Other _____ <div style="text-align: center;">(IDENTIFY)</div>
<input checked="" type="checkbox"/> NO DEFECTS		

TOWED UNIT(S)			
<input type="checkbox"/> 71 Body/Doors <input type="checkbox"/> 71 Tie-Downs <input type="checkbox"/> 34 Lights <input type="checkbox"/> 34 Reflectors	<input type="checkbox"/> 16 Suspension <input type="checkbox"/> 17 Tires <input type="checkbox"/> 18 Wheels/Rims/Lugs <input type="checkbox"/> 13 Brakes	<input type="checkbox"/> 77 Landing Gear <input type="checkbox"/> 59 King Pin/Upper Plate <input type="checkbox"/> 59 Fifth-Wheel (Dolly) <input type="checkbox"/> 59 Other Coupling Devices	<input type="checkbox"/> 79 Rear-End Protection <input type="checkbox"/> Other _____ <div style="text-align: center;">(IDENTIFY)</div>
<input checked="" type="checkbox"/> NO DEFECTS			

REMARKS: _____

REPORTING DRIVER: _____ Date <u>3-14-2014</u> Name _____ Emp. No. <u>1</u>	MAINTENANCE ACTION: Date _____ Repairs Made <input type="checkbox"/> No Repairs Needed <input type="checkbox"/> R.O.#S _____ Certified By: _____ Location: _____
REVIEWING DRIVER: _____ Date _____ Name _____ Emp. No. _____	

SHOP REMARKS: _____

DRIVER'S INSPECTION REPORT

White - Fleet Safety
Canary - Maintenance

WAL-MART TRANSPORTATION, LLC
BENTONVILLE, AR 72712

COMPLETION OF THIS REPORT REQUIRED BY FEDERAL LAW, 49 CFR 396.11 & 396.13.

Truck or Tractor No. 02568 Mileage (No Tenths) 325105 Trailer No. 118207
 Dolly No. _____ Trailer No. 107421 Transportation Office SMYRNA DE
 ATA/VMRS System Code Numbers for Shop Use Only CHECK DEFECTS ONLY. Explain under REMARKS.

POWER UNIT		
GENERAL CONDITION <input type="checkbox"/> 02 Cab/Doors/Windows <input checked="" type="checkbox"/> 02 Body/Doors <input type="checkbox"/> Oil Leak _____ <input type="checkbox"/> Grease Leak _____ <input type="checkbox"/> 42 Coolant Leak _____ <input type="checkbox"/> 44 Fuel Leak _____ <input type="checkbox"/> Other _____ _____ (IDENTIFY)	IN-CAB <input type="checkbox"/> 03 Gauges/Warning Indicators <input type="checkbox"/> 02 Windshield Wipers/Washers <input type="checkbox"/> 54 Horns <input type="checkbox"/> 01 Heater/Defroster <input type="checkbox"/> 02 Mirrors <input type="checkbox"/> 15 Steering <input type="checkbox"/> 23 Clutch <input type="checkbox"/> 13 Service Brakes <input type="checkbox"/> 13 Parking Brake <input type="checkbox"/> 13 Emergency Brakes <input type="checkbox"/> 53 Triangles <input type="checkbox"/> 53 Fire Extinguisher <input type="checkbox"/> 53 Other Safety Equipment <input type="checkbox"/> 34 Spare Fuses <input type="checkbox"/> 02 Seat Belts <input type="checkbox"/> Other _____ _____ (IDENTIFY)	EXTERIOR <input type="checkbox"/> 34 Lights <input type="checkbox"/> 34 Reflectors <input type="checkbox"/> 16 Suspension <input type="checkbox"/> 17 Tires <input type="checkbox"/> 18 Wheels/Rims/Lugs <input type="checkbox"/> 32 Battery <input type="checkbox"/> 43 Exhaust <input type="checkbox"/> 13 Brakes <input type="checkbox"/> 13 Air Lines <input type="checkbox"/> 34 Light Line <input type="checkbox"/> 49 Fifth-Wheel <input type="checkbox"/> 49 Other Coupling <input type="checkbox"/> 71 Tie-Downs <input type="checkbox"/> 14 Rear-End Protection <input type="checkbox"/> Other _____ _____ (IDENTIFY)
<input checked="" type="checkbox"/> NO DEFECTS		<input type="checkbox"/> NO DEFECTS

TOWED UNIT(S)		
<input type="checkbox"/> 71 Body/Doors <input type="checkbox"/> 71 Tie-Downs <input type="checkbox"/> 34 Lights <input type="checkbox"/> 34 Reflectors	<input type="checkbox"/> 16 Suspension <input type="checkbox"/> 17 Tires <input type="checkbox"/> 18 Wheels/Rims/Lugs <input type="checkbox"/> 13 Brakes	<input type="checkbox"/> 77 Landing Gear <input type="checkbox"/> 59 King Pin/Upper Plate <input type="checkbox"/> 59 Fifth-Wheel (Dolly) <input type="checkbox"/> 59 Other Coupling Devices
<input checked="" type="checkbox"/> NO DEFECTS		<input type="checkbox"/> NO DEFECTS

REMARKS: Passenger - side, Panel are damaged. Shop took pictures. Swatch on bottom side skirt (Passenger Side).

REPORTING DRIVER: _____ Date <u>3-16-14</u> Name _____ Emp. No. _____	MAINTENANCE ACTION: Date _____ Repairs Made <input type="checkbox"/> No Repairs Needed <input type="checkbox"/> R.O.#S _____
REVIEWING DRIVER: _____ Date _____ Name _____ Emp. No. _____	Certified By: _____ Location: _____

SHOP REMARKS: _____

DRIVER'S INSPECTION REPORT

White - Fleet Safety
Canary - Maintenance

WAL-MART TRANSPORTATION, LLC
BENTONVILLE, AR 72712

COMPLETION OF THIS REPORT REQUIRED BY FEDERAL LAW, 49 CFR 396.11 & 396.13.

Mileage (No Tenths)

Truck or Tractor No. 02568 324679 Trailer No. 122555

Dolly No. _____ Trailer No. _____ Transportation Office 7834
ATA/VMSR System Code Numbers for Shop Use Only CHECK DEFECTS ONLY. Explain under REMARKS.

POWER UNIT		
GENERAL CONDITION <input type="checkbox"/> 02 Cab/Doors/Windows <input type="checkbox"/> 02 Body/Doors <input type="checkbox"/> Oil Leak _____ <input type="checkbox"/> Grease Leak _____ <input type="checkbox"/> 42 Coolant Leak <input type="checkbox"/> 44 Fuel Leak <input type="checkbox"/> Other _____ <div style="text-align: right; font-size: small;">(IDENTIFY)</div>	IN-CAB <input type="checkbox"/> 03 Gauges/Warning Indicators <input type="checkbox"/> 02 Windshield Wipers/Washers <input type="checkbox"/> 54 Horns <input type="checkbox"/> 01 Heater/Defroster <input type="checkbox"/> 02 Mirrors <input type="checkbox"/> 15 Steering <input type="checkbox"/> 23 Clutch <input type="checkbox"/> 13 Service Brakes <input type="checkbox"/> 13 Parking Brake <input type="checkbox"/> 13 Emergency Brakes <input type="checkbox"/> 53 Triangles <input type="checkbox"/> 53 Fire Extinguisher <input type="checkbox"/> 53 Other Safety Equipment <input type="checkbox"/> 34 Spare Fuses <input type="checkbox"/> 02 Seat Belts <input type="checkbox"/> Other _____ <div style="text-align: right; font-size: small;">(IDENTIFY)</div>	EXTERIOR <input type="checkbox"/> 34 Lights <input type="checkbox"/> 34 Reflectors <input type="checkbox"/> 16 Suspension <input type="checkbox"/> 17 Tires <input type="checkbox"/> 18 Wheels/Rims/Lugs <input type="checkbox"/> 32 Battery <input type="checkbox"/> 43 Exhaust <input type="checkbox"/> 13 Brakes <input type="checkbox"/> 13 Air Lines <input type="checkbox"/> 34 Light Line <input type="checkbox"/> 49 Fifth-Wheel <input type="checkbox"/> 49 Other Coupling <input type="checkbox"/> 71 Tie-Downs <input type="checkbox"/> 14 Rear-End Protection <input type="checkbox"/> Other _____ <div style="text-align: right; font-size: small;">(IDENTIFY)</div>
<input checked="" type="checkbox"/> NO DEFECTS		

TOWED UNIT(S)			
<input type="checkbox"/> 71 Body/Doors <input type="checkbox"/> 71 Tie-Downs <input type="checkbox"/> 34 Lights <input type="checkbox"/> 34 Reflectors	<input type="checkbox"/> 16 Suspension <input type="checkbox"/> 17 Tires <input type="checkbox"/> 18 Wheels/Rims/Lugs <input type="checkbox"/> 13 Brakes	<input type="checkbox"/> 77 Landing Gear <input type="checkbox"/> 59 King Pin/Upper Plate <input type="checkbox"/> 59 Fifth-Wheel (Dolly) <input type="checkbox"/> 59 Other Coupling Devices	<input type="checkbox"/> 79 Rear-End Protection <input type="checkbox"/> Other _____ <div style="text-align: right; font-size: small;">(IDENTIFY)</div>
<input checked="" type="checkbox"/> NO DEFECTS			

REMARKS: _____

REPORTING DRIVER: Date <u>3-11-2014</u> Name _____ Emp. No. _____	MAINTENANCE ACTION: Date _____ Repairs Made <input type="checkbox"/> No Repairs Needed <input type="checkbox"/> R.O.#'S _____
REVIEWING DRIVER: Date _____ Name _____ Emp. No. _____	Certified By: _____ Location: _____

SHOP REMARKS: _____

DRIVER'S INSPECTION REPORT

White - Fleet Safety
Canary - Maintenance

WAL-MART TRANSPORTATION, LLC
BENTONVILLE, AR 72712

COMPLETION OF THIS REPORT REQUIRED BY FEDERAL LAW, 49 CFR 396.11 & 396.13.

Mileage (No Tenths)

Truck or Tractor No. 02568 Mileage 31251060 Trailer No. 23573

Dolly No. _____ Trailer No. 77313 Transportation Office Smyrna, DE
ATAVMRS System Code Numbers for Shop Use Only CHECK DEFECTS ONLY. Explain under REMARKS.

POWER UNIT						
GENERAL CONDITION <input type="checkbox"/> 02 Cab/Doors/Windows <input type="checkbox"/> 02 Body/Doors <input type="checkbox"/> Oil Leak _____ <input type="checkbox"/> Grease Leak _____ <input type="checkbox"/> 42 Coolant Leak <input type="checkbox"/> 44 Fuel Leak <input type="checkbox"/> Other _____ <div style="text-align: right; font-size: small;">(IDENTIFY)</div>	IN-CAB <input type="checkbox"/> 03 Gauges/Warning Indicators <input type="checkbox"/> 02 Windshield Wipers/Washers <input type="checkbox"/> 54 Horns <input type="checkbox"/> 01 Heater/Defroster <input type="checkbox"/> 02 Mirrors <input type="checkbox"/> 15 Steering <input type="checkbox"/> 23 Clutch <input type="checkbox"/> 13 Service Brakes <input type="checkbox"/> 13 Parking Brake <input type="checkbox"/> 13 Emergency Brakes <input type="checkbox"/> 53 Triangles <input type="checkbox"/> 53 Fire Extinguisher <input type="checkbox"/> 53 Other Safety Equipment <input type="checkbox"/> 34 Spare Fuses <input type="checkbox"/> 02 Seat Belts <input type="checkbox"/> Other _____ <div style="text-align: right; font-size: small;">(IDENTIFY)</div>	EXTERIOR <input type="checkbox"/> 34 Lights <input type="checkbox"/> 34 Reflectors <input type="checkbox"/> 16 Suspension <input type="checkbox"/> 17 Tires <input type="checkbox"/> 18 Wheels/Rims/Lugs <input type="checkbox"/> 32 Battery <input type="checkbox"/> 43 Exhaust <input type="checkbox"/> 13 Brakes <input type="checkbox"/> 13 Air Lines <input type="checkbox"/> 34 Light Line <input type="checkbox"/> 49 Fifth-Wheel <input type="checkbox"/> 49 Other Coupling <input type="checkbox"/> 71 Tie-Downs <input type="checkbox"/> 14 Rear-End Protection <input type="checkbox"/> Other _____ <div style="text-align: right; font-size: small;">(IDENTIFY)</div>				
<input checked="" type="checkbox"/> NO DEFECTS						
TOWED UNIT(S)						
<input type="checkbox"/> 71 Body/Doors <input type="checkbox"/> 16 Suspension <input type="checkbox"/> 77 Landing Gear <input type="checkbox"/> 79 Rear-End Protection <input type="checkbox"/> 71 Tie-Downs <input type="checkbox"/> 17 Tires <input type="checkbox"/> 59 King Pin/Upper Plate <input type="checkbox"/> Other _____ <input type="checkbox"/> 34 Lights <input type="checkbox"/> 18 Wheels/Rims/Lugs <input type="checkbox"/> 59 Fifth-Wheel (Dolly) <input type="checkbox"/> 34 Reflectors <input type="checkbox"/> 13 Brakes <input type="checkbox"/> 59 Other Coupling Devices <div style="text-align: right; font-size: small;">(IDENTIFY)</div>						
<input checked="" type="checkbox"/> NO DEFECTS						
REMARKS: _____						
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"> REPORTING DRIVER: Date <u>3-17-14</u> Name _____ Emp. No. _____ </td> <td style="width: 50%; border: none;"> MAINTENANCE ACTION: Date _____ Repairs Made <input type="checkbox"/> No Repairs Needed <input type="checkbox"/> R.O.#'S _____ </td> </tr> <tr> <td style="border: none;"> REVIEWING DRIVER: Date _____ Name _____ Emp. No. _____ </td> <td style="border: none;"> Certified By: _____ Location: _____ </td> </tr> </table>			REPORTING DRIVER: Date <u>3-17-14</u> Name _____ Emp. No. _____	MAINTENANCE ACTION: Date _____ Repairs Made <input type="checkbox"/> No Repairs Needed <input type="checkbox"/> R.O.#'S _____	REVIEWING DRIVER: Date _____ Name _____ Emp. No. _____	Certified By: _____ Location: _____
REPORTING DRIVER: Date <u>3-17-14</u> Name _____ Emp. No. _____	MAINTENANCE ACTION: Date _____ Repairs Made <input type="checkbox"/> No Repairs Needed <input type="checkbox"/> R.O.#'S _____					
REVIEWING DRIVER: Date _____ Name _____ Emp. No. _____	Certified By: _____ Location: _____					
SHOP REMARKS: _____						

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4005651

DRIVER'S INSPECTION REPORT

White - Fleet Safety
Canary - Maintenance

WAL-MART TRANSPORTATION, LLC
BENTONVILLE, AR 72712

COMPLETION OF THIS REPORT REQUIRED BY FEDERAL LAW, 49 CFR 396.11 & 396.13.

Mileage (No Tenths)

Truck or Tractor No. 02568

326178

Trailer No. 78180

Dolly No. _____

Trailer No. 100196

Transportation Office Smjtnj DE

ATA/VMRS System Code Numbers for Shop Use Only

CHECK DEFECTS ONLY. Explain under REMARKS.

POWER UNIT		
<p>GENERAL CONDITION</p> <p><input type="checkbox"/> 02 Cab/Doors/Windows</p> <p><input type="checkbox"/> 02 Body/Doors</p> <p><input type="checkbox"/> Oil Leak _____</p> <p><input type="checkbox"/> Grease Leak _____</p> <p><input type="checkbox"/> 42 Coolant Leak</p> <p><input type="checkbox"/> 44 Fuel Leak</p> <p><input type="checkbox"/> Other _____</p> <p style="text-align: center;">(IDENTIFY)</p>	<p>IN-CAB</p> <p><input type="checkbox"/> 03 Gauges/Warning Indicators</p> <p><input type="checkbox"/> 02 Windshield Wipers/Washers</p> <p><input type="checkbox"/> 54 Horns</p> <p><input type="checkbox"/> 01 Heater/Defroster</p> <p><input type="checkbox"/> 02 Mirrors</p> <p><input type="checkbox"/> 15 Steering</p> <p><input type="checkbox"/> 23 Clutch</p> <p><input type="checkbox"/> 13 Service Brakes</p> <p><input type="checkbox"/> 13 Parking Brake</p> <p><input type="checkbox"/> 13 Emergency Brakes</p> <p><input type="checkbox"/> 53 Triangles</p> <p><input type="checkbox"/> 53 Fire Extinguisher</p> <p><input type="checkbox"/> 53 Other Safety Equipment</p> <p><input type="checkbox"/> 34 Spare Fuses</p> <p><input type="checkbox"/> 02 Seat Belts</p> <p><input type="checkbox"/> Other _____</p> <p style="text-align: center;">(IDENTIFY)</p>	<p>EXTERIOR</p> <p><input type="checkbox"/> 34 Lights</p> <p><input type="checkbox"/> 34 Reflectors</p> <p><input type="checkbox"/> 16 Suspension</p> <p><input type="checkbox"/> 17 Tires</p> <p><input type="checkbox"/> 18 Wheels/Rims/Lugs</p> <p><input type="checkbox"/> 32 Battery</p> <p><input type="checkbox"/> 43 Exhaust</p> <p><input type="checkbox"/> 13 Brakes</p> <p><input type="checkbox"/> 13 Air Lines</p> <p><input type="checkbox"/> 34 Light Line</p> <p><input type="checkbox"/> 49 Fifth-Wheel</p> <p><input type="checkbox"/> 49 Other Coupling</p> <p><input type="checkbox"/> 71 Tie-Downs</p> <p><input type="checkbox"/> 14 Rear-End Protection</p> <p><input type="checkbox"/> Other _____</p> <p style="text-align: center;">(IDENTIFY)</p>
(IDENTIFY)		<input checked="" type="checkbox"/> NO DEFECTS

TOWED UNIT(S)			
<input type="checkbox"/> 71 Body/Doors	<input type="checkbox"/> 16 Suspension	<input type="checkbox"/> 77 Landing Gear	<input type="checkbox"/> 79 Rear-End Protection
<input type="checkbox"/> 71 Tie-Downs	<input type="checkbox"/> 17 Tires	<input type="checkbox"/> 59 King Pin/Upper Plate	<input type="checkbox"/> Other _____
<input type="checkbox"/> 34 Lights	<input type="checkbox"/> 18 Wheels/Rims/Lugs	<input type="checkbox"/> 59 Fifth-Wheel (Dolly)	(IDENTIFY)
<input type="checkbox"/> 34 Reflectors	<input type="checkbox"/> 13 Brakes	<input type="checkbox"/> 59 Other Coupling Devices	<input checked="" type="checkbox"/> NO DEFECTS

REMARKS: Trl # 78180 damaged on passenger-side underneath amber light on corner. (no holes)

<p>REPORTING DRIVER: _____ Date <u>3-18-14</u></p> <p>Name _____ Emp. No. _____</p>	<p>MAINTENANCE ACTION: Date _____</p> <p>Repairs Made <input type="checkbox"/> No Repairs Needed <input type="checkbox"/></p> <p>R.O.#S _____</p>
<p>REVIEWING DRIVER: _____ Date _____</p> <p>Name _____ Emp. No. _____</p>	<p>Certified By: _____</p> <p>Location: _____</p>
<p>SHOP REMARKS: _____</p>	

DRIVER'S INSPECTION REPORT

White - Fleet Safety
Canary - Maintenance

WAL-MART TRANSPORTATION, LLC
BENTONVILLE, AR 72712

COMPLETION OF THIS REPORT REQUIRED BY FEDERAL LAW, 49 CFR 396.11 & 396.13.

Mileage (No Tenths)

Truck or Tractor No. 02568 Mileage 326619 Trailer No. 1D6835
 Dolly No. _____ Trailer No. 108736 Transportation Office Simonsville
 ATAVMRS System Code Numbers for Shop Use Only CHECK DEFECTS ONLY. Explain under REMARKS.

POWER UNIT		
GENERAL CONDITION <input type="checkbox"/> 02 Cab/Doors/Windows <input type="checkbox"/> 02 Body/Doors <input type="checkbox"/> Oil Leak _____ <input type="checkbox"/> Grease Leak _____ <input type="checkbox"/> 42 Coolant Leak <input type="checkbox"/> 44 Fuel Leak <input type="checkbox"/> Other _____ <p style="text-align: center;">(IDENTIFY)</p>	IN-CAB <input type="checkbox"/> 03 Gauges/Warning Indicators <input type="checkbox"/> 02 Windshield Wipers/Washers <input type="checkbox"/> 54 Horns <input type="checkbox"/> 01 Heater/Defroster <input type="checkbox"/> 02 Mirrors <input type="checkbox"/> 15 Steering <input type="checkbox"/> 23 Clutch <input type="checkbox"/> 13 Service Brakes <input type="checkbox"/> 13 Parking Brake <input type="checkbox"/> 13 Emergency Brakes <input type="checkbox"/> 53 Triangles <input type="checkbox"/> 53 Fire Extinguisher <input type="checkbox"/> 53 Other Safety Equipment <input type="checkbox"/> 34 Spare Fuses <input type="checkbox"/> 02 Seat Belts <input type="checkbox"/> Other _____ <p style="text-align: center;">(IDENTIFY)</p>	EXTERIOR <input type="checkbox"/> 34 Lights <input type="checkbox"/> 34 Reflectors <input type="checkbox"/> 16 Suspension <input type="checkbox"/> 17 Tires <input type="checkbox"/> 18 Wheels/Rims/Lugs <input type="checkbox"/> 32 Battery <input type="checkbox"/> 43 Exhaust <input type="checkbox"/> 13 Brakes <input type="checkbox"/> 13 Air Lines <input type="checkbox"/> 34 Light Line <input type="checkbox"/> 49 Fifth-Wheel <input type="checkbox"/> 49 Other Coupling <input type="checkbox"/> 71 Tie-Downs <input type="checkbox"/> 14 Rear-End Protection <input type="checkbox"/> Other _____ <p style="text-align: center;">(IDENTIFY)</p>
<input checked="" type="checkbox"/> NO DEFECTS		

TOWED UNIT(S)			
<input type="checkbox"/> 71 Body/Doors <input type="checkbox"/> 71 Tie-Downs <input type="checkbox"/> 34 Lights <input type="checkbox"/> 34 Reflectors	<input type="checkbox"/> 16 Suspension <input type="checkbox"/> 17 Tires <input type="checkbox"/> 18 Wheels/Rims/Lugs <input type="checkbox"/> 13 Brakes	<input type="checkbox"/> 77 Landing Gear <input type="checkbox"/> 59 King Pin/Upper Plate <input type="checkbox"/> 59 Fifth-Wheel (Dolly) <input type="checkbox"/> 59 Other Coupling Devices	<input type="checkbox"/> 79 Rear-End Protection <input type="checkbox"/> Other _____ <p style="text-align: center;">(IDENTIFY)</p>
<input checked="" type="checkbox"/> NO DEFECTS			

REMARKS: Windshield wiper Fluid missing, shop side one.

REPORTING DRIVER: _____ Name _____ Emp. No. _____	Date: <u>3/19/14</u> MAINTENANCE ACTION: Date _____ Repairs Made <input type="checkbox"/> No Repairs Needed <input type="checkbox"/> R.O.#S _____
REVIEWING DRIVER: _____ Name _____ Date _____ Emp. No. _____	Certified By: _____ Location: _____
SHOP REMARKS: _____ _____ _____	

DRIVER'S INSPECTION REPORT

White - Fleet Safety
Canary - Maintenance

WAL-MART TRANSPORTATION, LLC
BENTONVILLE, AR 72712

COMPLETION OF THIS REPORT REQUIRED BY FEDERAL LAW, 49 CFR 396.11 & 396.13.

Truck or Tractor No. 02568 Mileage (No Tenths) 327021 Trailer No. 133045

Dolly No. _____ Trailer No. _____ Transportation Office 7834
ATA/MRS System Code Numbers for Shop Use Only CHECK DEFECTS ONLY. Explain under REMARKS.

POWER UNIT		
GENERAL CONDITION <input type="checkbox"/> 02 Cab/Doors/Windows <input type="checkbox"/> 02 Body/Doors <input type="checkbox"/> ___ Oil Leak _____ <input type="checkbox"/> ___ Grease Leak _____ <input type="checkbox"/> 42 Coolant Leak <input type="checkbox"/> 44 Fuel Leak <input type="checkbox"/> ___ Other _____ <div style="text-align: center; font-size: small;">(IDENTIFY)</div>	IN-CAB <input type="checkbox"/> 03 Gauges/Warning Indicators <input type="checkbox"/> 02 Windshield Wipers/Washers <input type="checkbox"/> 54 Horns <input type="checkbox"/> 01 Heater/Defroster <input type="checkbox"/> 02 Mirrors <input type="checkbox"/> 15 Steering <input type="checkbox"/> 23 Clutch <input type="checkbox"/> 13 Service Brakes <input type="checkbox"/> 13 Parking Brake <input type="checkbox"/> 13 Emergency Brakes <input type="checkbox"/> 53 Triangles <input type="checkbox"/> 53 Fire Extinguisher <input type="checkbox"/> 53 Other Safety Equipment <input type="checkbox"/> 34 Spare Fuses <input type="checkbox"/> 02 Seat Belts <input type="checkbox"/> ___ Other _____ <div style="text-align: center; font-size: small;">(IDENTIFY)</div>	EXTERIOR <input type="checkbox"/> 34 Lights <input type="checkbox"/> 34 Reflectors <input type="checkbox"/> 16 Suspension <input type="checkbox"/> 17 Tires <input type="checkbox"/> 18 Wheels/Rims/Lugs <input type="checkbox"/> 32 Battery <input type="checkbox"/> 43 Exhaust <input type="checkbox"/> 13 Brakes <input type="checkbox"/> 13 Air Lines <input type="checkbox"/> 34 Light Line <input type="checkbox"/> 49 Fifth-Wheel <input type="checkbox"/> 49 Other Coupling <input type="checkbox"/> 71 Tie-Downs <input type="checkbox"/> 14 Rear-End Protection <input type="checkbox"/> ___ Other _____ <div style="text-align: center; font-size: small;">(IDENTIFY)</div>
<input checked="" type="checkbox"/> NO DEFECTS		

TOWED UNIT(S)			
<input type="checkbox"/> 71 Body/Doors <input type="checkbox"/> 71 Tie-Downs <input type="checkbox"/> 34 Lights <input type="checkbox"/> 34 Reflectors	<input type="checkbox"/> 16 Suspension <input type="checkbox"/> 17 Tires <input type="checkbox"/> 18 Wheels/Rims/Lugs <input type="checkbox"/> 13 Brakes	<input type="checkbox"/> 77 Landing Gear <input type="checkbox"/> 59 King Pin/Upper Plate <input type="checkbox"/> 59 Fifth-Wheel (Dolly) <input type="checkbox"/> 59 Other Coupling Devices	<input type="checkbox"/> 79 Rear-End Protection <input type="checkbox"/> ___ Other _____ <div style="text-align: center; font-size: small;">(IDENTIFY)</div>
<input checked="" type="checkbox"/> NO DEFECTS			

REMARKS: _____

REPORTING DRIVER: Date <u>3-21-2014</u> Name _____ Emp. No. _____	MAINTENANCE ACTION: Date _____ Repairs Made <input type="checkbox"/> No Repairs Needed <input type="checkbox"/> R.O.#S _____
REVIEWING DRIVER: Date _____ Name _____ Emp. No. _____	Certified By: _____ Location: _____

SHOP REMARKS: _____

DRIVER'S INSPECTION REPORT

White - Fleet Safety
Canary - Maintenance

WAL-MART TRANSPORTATION, LLC
BENTONVILLE, AR 72712

COMPLETION OF THIS REPORT REQUIRED BY FEDERAL LAW, 49 CFR 396.11 & 396.13.

Truck or Tractor No. 02502 Mileage (No Tenths) 327506 Trailer No. 131045

Dolly No. _____ Trailer No. _____ Transportation Office 7834
ATA/VMRS System Code Numbers for Shop Use Only CHECK DEFECTS ONLY. Explain under REMARKS.

POWER UNIT		
GENERAL CONDITION <input type="checkbox"/> 02 Cab/Doors/Windows <input type="checkbox"/> 02 Body/Doors <input type="checkbox"/> Oil Leak _____ <input type="checkbox"/> Grease Leak _____ <input type="checkbox"/> 42 Coolant Leak <input type="checkbox"/> 44 Fuel Leak <input type="checkbox"/> Other _____ <p style="text-align: center;">(IDENTIFY)</p>	IN-CAB <input type="checkbox"/> 03 Gauges/Warning Indicators <input type="checkbox"/> 02 Windshield Wipers/Washers <input type="checkbox"/> 54 Horns <input type="checkbox"/> 01 Heater/Defroster <input type="checkbox"/> 02 Mirrors <input type="checkbox"/> 15 Steering <input type="checkbox"/> 23 Clutch <input type="checkbox"/> 13 Service Brakes <input type="checkbox"/> 13 Parking Brake <input type="checkbox"/> 13 Emergency Brakes <input type="checkbox"/> 53 Triangles <input type="checkbox"/> 53 Fire Extinguisher <input type="checkbox"/> 53 Other Safety Equipment <input type="checkbox"/> 34 Spare Fuses <input type="checkbox"/> 02 Seat Belts <input type="checkbox"/> Other _____ <p style="text-align: center;">(IDENTIFY)</p>	EXTERIOR <input type="checkbox"/> 34 Lights <input type="checkbox"/> 34 Reflectors <input type="checkbox"/> 16 Suspension <input type="checkbox"/> 17 Tires <input type="checkbox"/> 18 Wheels/Rims/Lugs <input type="checkbox"/> 32 Battery <input type="checkbox"/> 43 Exhaust <input type="checkbox"/> 13 Brakes <input type="checkbox"/> 13 Air Lines <input type="checkbox"/> 34 Light Line <input type="checkbox"/> 49 Fifth-Wheel <input type="checkbox"/> 49 Other Coupling <input type="checkbox"/> 71 Tie-Downs <input type="checkbox"/> 14 Rear-End Protection <input type="checkbox"/> Other _____ <p style="text-align: center;">(IDENTIFY)</p>
<input checked="" type="checkbox"/> NO DEFECTS		

TOWED UNIT(S)			
<input type="checkbox"/> 71 Body/Doors <input type="checkbox"/> 71 Tie-Downs <input type="checkbox"/> 34 Lights <input type="checkbox"/> 34 Reflectors	<input type="checkbox"/> 16 Suspension <input type="checkbox"/> 17 Tires <input type="checkbox"/> 18 Wheels/Rims/Lugs <input type="checkbox"/> 13 Brakes	<input type="checkbox"/> 77 Landing Gear <input type="checkbox"/> 59 King Pin/Upper Plate <input type="checkbox"/> 59 Fifth-Wheel (Dolly) <input type="checkbox"/> 59 Other Coupling Devices	<input type="checkbox"/> 79 Rear-End Protection <input type="checkbox"/> Other _____ <p style="text-align: center;">(IDENTIFY)</p>
<input checked="" type="checkbox"/> NO DEFECTS			

REMARKS: _____

REPORTING DRIVER: Date <u>3-23-2014</u> Name _____ Emp. No. _____	MAINTENANCE ACTION: Date _____ Repairs Made <input type="checkbox"/> No Repairs Needed <input type="checkbox"/> R.O.#'S _____
REVIEWING DRIVER: Date _____ Name _____ Emp. No. _____	Certified By: _____ Location: _____

SHOP REMARKS: _____

DRIVER'S INSPECTION REPORT

White - Fleet Safety
Canary - Maintenance

WAL-MART TRANSPORTATION, LLC
BENTONVILLE, AR 72712

COMPLETION OF THIS REPORT REQUIRED BY FEDERAL LAW, 49 CFR 396.11 & 396.13.

Truck or Tractor No. 2568 Mileage (No Tenth) 328261 Trailer No. 58350
 Dolly No. _____ Trailer No. _____ Transportation Office SYMCNA
 ATA/VMSR System Code Numbers for Shop Use Only CHECK DEFECTS ONLY. Explain Under REMARKS

POWER UNIT		
GENERAL CONDITION <input type="checkbox"/> 02 Cab/Doors/Windows <input type="checkbox"/> 02 Body/Doors <input type="checkbox"/> Oil Leak _____ <input type="checkbox"/> Grease Leak _____ <input type="checkbox"/> 42 Coolant Leak <input type="checkbox"/> 44 Fuel Leak <input type="checkbox"/> Other _____ <div style="text-align: center; font-size: small;">(IDENTIFY)</div>	IN-CAB <input type="checkbox"/> 03 Gauges/Warning Indicators <input type="checkbox"/> 02 Windshield Wipers/Washers <input type="checkbox"/> 54 Horns <input type="checkbox"/> 01 Heater/Defroster <input type="checkbox"/> 02 Mirrors <input type="checkbox"/> 15 Steering <input type="checkbox"/> 23 Clutch <input type="checkbox"/> 13 Service Brakes <input type="checkbox"/> 13 Parking Brake <input type="checkbox"/> 13 Emergency Brakes <input type="checkbox"/> 53 Triangles <input type="checkbox"/> 53 Fire Extinguisher <input type="checkbox"/> 53 Other Safety Equipment <input type="checkbox"/> 34 Spare Fuses <input type="checkbox"/> 02 Seat Belts <input type="checkbox"/> Other _____ <div style="text-align: center; font-size: small;">(IDENTIFY)</div>	EXTERIOR <input type="checkbox"/> 34 Lights <input type="checkbox"/> 34 Reflectors <input type="checkbox"/> 16 Suspension <input type="checkbox"/> 17 Tires <input type="checkbox"/> 18 Wheels/Rims/Lugs <input type="checkbox"/> 32 Battery <input type="checkbox"/> 43 Exhaust <input type="checkbox"/> 13 Brakes <input type="checkbox"/> 13 Air Lines <input type="checkbox"/> 34 Light Line <input type="checkbox"/> 49 Fifth-Wheel <input type="checkbox"/> 49 Other Coupling <input type="checkbox"/> 71 Tie-Downs <input type="checkbox"/> 14 Rear-End Protection <input type="checkbox"/> Other _____ <div style="text-align: center; font-size: small;">(IDENTIFY)</div>
<input checked="" type="checkbox"/> NO DEFECTS		

TOWED UNIT(S)		
<input type="checkbox"/> 71 Body/Doors <input type="checkbox"/> 71 Tie-Downs <input type="checkbox"/> 34 Lights <input type="checkbox"/> 34 Reflectors	<input type="checkbox"/> 16 Suspension <input type="checkbox"/> 17 Tires <input type="checkbox"/> 18 Wheels/Rims/Lugs <input type="checkbox"/> 13 Brakes	<input type="checkbox"/> 77 Landing Gear <input type="checkbox"/> 59 King Pin/Upper Plate <input type="checkbox"/> 59 Fifth-Wheel (Dolly) <input type="checkbox"/> 59 Other Coupling Devices
<input checked="" type="checkbox"/> NO DEFECTS		

REMARKS: _____

R _____	Date <u>3/25/14</u>	MAINTENANCE ACTION: Repairs Made <input type="checkbox"/> No Repairs Needed <input type="checkbox"/>
N _____	Date _____	R.O.#S _____
REVIEWING DRIVER: _____	Date _____	Certified By: _____
Name _____	Emp. No. _____	Location: _____

SHOP REMARKS: _____

DRIVER'S INSPECTION REPORT

White - Fleet Safety
Canary - Maintenance

WAL-MART TRANSPORTATION, LLC
BENTONVILLE, AR 72712

COMPLETION OF THIS REPORT REQUIRED BY FEDERAL LAW, 49 CFR 396.11 & 396.13.

Truck or Tractor No. 2568 Mileage (No Tenths) BQB1146 Trailer No. 58350

Dolly No. _____ Trailer No. _____ Transportation Office SMYRNA DE
ATA/VMRS System Code Numbers for Shop Use Only CHECK DEFECTS ONLY. Explain under REMARKS.

POWER UNIT		
GENERAL CONDITION <input type="checkbox"/> 02 Cab/Doors/Windows <input type="checkbox"/> 02 Body/Doors <input type="checkbox"/> Oil Leak _____ <input type="checkbox"/> Grease Leak _____ <input type="checkbox"/> 42 Coolant Leak <input type="checkbox"/> 44 Fuel Leak <input type="checkbox"/> Other _____ <p style="text-align: center;">(IDENTIFY)</p>	IN-CAB <input type="checkbox"/> 03 Gauges/Warning Indicators <input type="checkbox"/> 02 Windshield Wipers/Washers <input type="checkbox"/> 54 Horns <input type="checkbox"/> 01 Heater/Defroster <input type="checkbox"/> 02 Mirrors <input type="checkbox"/> 15 Steering <input type="checkbox"/> 23 Clutch <input type="checkbox"/> 13 Service Brakes <input type="checkbox"/> 13 Parking Brake <input type="checkbox"/> 13 Emergency Brakes <input type="checkbox"/> 53 Triangles <input type="checkbox"/> 53 Fire Extinguisher <input type="checkbox"/> 53 Other Safety Equipment <input type="checkbox"/> 34 Spare Fuses <input type="checkbox"/> 02 Seat Belts <input type="checkbox"/> Other _____ <p style="text-align: center;">(IDENTIFY)</p>	EXTERIOR <input type="checkbox"/> 34 Lights <input type="checkbox"/> 34 Reflectors <input type="checkbox"/> 16 Suspension <input type="checkbox"/> 17 Tires <input type="checkbox"/> 18 Wheels/Rims/Lugs <input type="checkbox"/> 32 Battery <input type="checkbox"/> 43 Exhaust <input type="checkbox"/> 13 Brakes <input type="checkbox"/> 13 Air Lines <input type="checkbox"/> 34 Light Line <input type="checkbox"/> 49 Fifth-Wheel <input type="checkbox"/> 49 Other Coupling <input type="checkbox"/> 71 Tie-Downs <input type="checkbox"/> 14 Rear-End Protection <input type="checkbox"/> Other _____ <p style="text-align: center;">(IDENTIFY)</p>
(IDENTIFY)		<input checked="" type="checkbox"/> NO DEFECTS

TOWED UNIT(S)		
<input type="checkbox"/> 71 Body/Doors <input type="checkbox"/> 71 Tie-Downs <input type="checkbox"/> 34 Lights <input type="checkbox"/> 34 Reflectors	<input type="checkbox"/> 16 Suspension <input type="checkbox"/> 17 Tires <input type="checkbox"/> 18 Wheels/Rims/Lugs <input type="checkbox"/> 13 Brakes	<input type="checkbox"/> 77 Landing Gear <input type="checkbox"/> 59 King Pin/Upper Plate <input type="checkbox"/> 59 Fifth-Wheel (Dolly) <input type="checkbox"/> 59 Other Coupling Devices
(IDENTIFY)		<input checked="" type="checkbox"/> NO DEFECTS

REMARKS: _____

REPORTING DRIVER: _____ Date <u>3/25/14</u> Name _____ Emp. _____	MAINTENANCE ACTION: Date _____ Repairs Made <input type="checkbox"/> No Repairs Needed <input type="checkbox"/> R.O.#S _____ Certified By: _____ Location: _____
REVIEWING DRIVER: _____ Date _____ Name _____ Emp. No. _____	

SHOP REMARKS: _____

White - Fleet Safety
Canary - Maintenance

DRIVER'S INSPECTION REPORT

WAL-MART TRANSPORTATION, LLC
BENTONVILLE, AR 72712

COMPLETION OF THIS REPORT REQUIRED BY FEDERAL LAW, 49 CFR 396.11 & 396.13.
Mileage (No Tenths)

Truck or Tractor No. 02568 Mileage 328521 Trailer No. 64601

Dolly No. _____ Trailer No. _____ Transportation Office 7834
ATA/MRS System Code Numbers for Shop Use Only CHECK DEFECTS ONLY. Explain under REMARKS.

POWER UNIT		
GENERAL CONDITION	IN-CAB	EXTERIOR
<input type="checkbox"/> 02 Cab/Doors/Windows	<input type="checkbox"/> 03 Gauges/Warning Indicators	<input type="checkbox"/> 34 Lights
<input type="checkbox"/> 02 Body/Doors	<input type="checkbox"/> 02 Windshield Wipers/Washers	<input type="checkbox"/> 34 Reflectors
<input type="checkbox"/> Oil Leak _____	<input type="checkbox"/> 54 Horns	<input type="checkbox"/> 16 Suspension
<input type="checkbox"/> Grease Leak _____	<input type="checkbox"/> 01 Heater/Defroster	<input type="checkbox"/> 17 Tires
<input type="checkbox"/> 42 Coolant Leak	<input type="checkbox"/> 02 Mirrors	<input type="checkbox"/> 18 Wheels/Rims/Lugs
<input type="checkbox"/> 44 Fuel Leak	<input type="checkbox"/> 15 Steering	<input type="checkbox"/> 32 Battery
<input type="checkbox"/> Other _____	<input type="checkbox"/> 23 Clutch	<input type="checkbox"/> 43 Exhaust
(IDENTIFY)	<input type="checkbox"/> 13 Service Brakes	<input type="checkbox"/> 13 Brakes
	<input type="checkbox"/> 13 Parking Brake	<input type="checkbox"/> 13 Air Lines
	<input type="checkbox"/> 13 Emergency Brakes	<input type="checkbox"/> 34 Light Line
	<input type="checkbox"/> 53 Triangles	<input type="checkbox"/> 49 Fifth-Wheel
	<input type="checkbox"/> 53 Fire Extinguisher	<input type="checkbox"/> 49 Other Coupling
	<input type="checkbox"/> 53 Other Safety Equipment	<input type="checkbox"/> 71 Tie-Downs
	<input type="checkbox"/> 34 Spare Fuses	<input type="checkbox"/> 14 Rear-End Protection
	<input type="checkbox"/> 02 Seat Belts	<input type="checkbox"/> Other _____
	<input type="checkbox"/> Other _____	(IDENTIFY)
(IDENTIFY)	(IDENTIFY)	<input checked="" type="checkbox"/> NO DEFECTS

TOWED UNIT(S)			
<input type="checkbox"/> 71 Body/Doors	<input type="checkbox"/> 16 Suspension	<input type="checkbox"/> 77 Landing Gear	<input type="checkbox"/> 79 Rear-End Protection
<input type="checkbox"/> 71 Tie-Downs	<input type="checkbox"/> 17 Tires	<input type="checkbox"/> 59 King Pin/Upper Plate	<input type="checkbox"/> Other _____
<input type="checkbox"/> 34 Lights	<input type="checkbox"/> 18 Wheels/Rims/Lugs	<input type="checkbox"/> 59 Fifth-Wheel (Dolly)	(IDENTIFY)
<input type="checkbox"/> 34 Reflectors	<input type="checkbox"/> 13 Brakes	<input type="checkbox"/> 59 Other Coupling Devices	<input checked="" type="checkbox"/> NO DEFECTS

REMARKS: _____

REPORTING DRIVER: _____	Date <u>3-27-2014</u>	MAINTENANCE ACTION: _____	Date _____
Name _____	Emp. No. _____	Repairs Made <input type="checkbox"/>	No Repairs Needed <input type="checkbox"/>
REVIEWING DRIVER: _____	Date _____	R.O.#S _____	
Name _____	Emp. No. _____	Certified By: _____	
		Location: _____	

SHOP REMARKS: _____

DRIVER'S INSPECTION REPORT

White - Fleet Safety
Canary - Maintenance

WAL-MART TRANSPORTATION, LLC
BENTONVILLE, AR 72712

COMPLETION OF THIS REPORT REQUIRED BY FEDERAL LAW, 49 CFR 396.11 & 396.13.

Truck or Tractor No. 02508 Mileage (No Tenths) 328972 Trailer No. 114186

Dolly No. _____ Trailer No. 74043 Transportation Office Smyrna
ATA/VMRS System Code Numbers for Shop Use Only CHECK DEFECTS ONLY. Explain under REMARKS.

POWER UNIT		
GENERAL CONDITION <input type="checkbox"/> 02 Cab/Doors/Windows <input type="checkbox"/> 02 Body/Doors <input type="checkbox"/> Oil Leak _____ <input type="checkbox"/> Grease Leak _____ <input type="checkbox"/> 42 Coolant Leak <input type="checkbox"/> 44 Fuel Leak <input type="checkbox"/> Other _____ <div style="text-align: center; font-size: small;">(IDENTIFY)</div>	IN-CAB <input type="checkbox"/> 03 Gauges/Warning Indicators <input type="checkbox"/> 02 Windshield Wipers/Washers <input type="checkbox"/> 54 Horns <input type="checkbox"/> 01 Heater/Defroster <input type="checkbox"/> 02 Mirrors <input type="checkbox"/> 15 Steering <input type="checkbox"/> 23 Clutch <input type="checkbox"/> 13 Service Brakes <input type="checkbox"/> 13 Parking Brake <input type="checkbox"/> 13 Emergency Brakes <input type="checkbox"/> 53 Triangles <input type="checkbox"/> 53 Fire Extinguisher <input type="checkbox"/> 53 Other Safety Equipment <input type="checkbox"/> 34 Spare Fuses <input type="checkbox"/> 02 Seat Belts <input type="checkbox"/> Other _____ <div style="text-align: center; font-size: small;">(IDENTIFY)</div>	EXTERIOR <input type="checkbox"/> 34 Lights <input type="checkbox"/> 34 Reflectors <input type="checkbox"/> 16 Suspension <input type="checkbox"/> 17 Tires <input type="checkbox"/> 18 Wheels/Rims/Lugs <input type="checkbox"/> 32 Battery <input type="checkbox"/> 43 Exhaust <input type="checkbox"/> 13 Brakes <input type="checkbox"/> 13 Air Lines <input type="checkbox"/> 34 Light Line <input type="checkbox"/> 49 Fifth-Wheel <input type="checkbox"/> 49 Other Coupling <input type="checkbox"/> 71 Tie-Downs <input type="checkbox"/> 14 Rear-End Protection <input type="checkbox"/> Other _____ <div style="text-align: center; font-size: small;">(IDENTIFY)</div>
<input checked="" type="checkbox"/> NO DEFECTS		

TOWED UNIT(S)		
<input type="checkbox"/> 71 Body/Doors <input type="checkbox"/> 71 Tie-Downs <input type="checkbox"/> 34 Lights <input type="checkbox"/> 34 Reflectors	<input type="checkbox"/> 16 Suspension <input type="checkbox"/> 17 Tires <input type="checkbox"/> 18 Wheels/Rims/Lugs <input type="checkbox"/> 13 Brakes	<input type="checkbox"/> 77 Landing Gear <input type="checkbox"/> 59 King Pin/Upper Plate <input type="checkbox"/> 59 Fifth-Wheel (Dolly) <input type="checkbox"/> 59 Other Coupling Devices
<input checked="" type="checkbox"/> NO DEFECTS		

REMARKS: _____

REPORTING DRIVER: Name _____ Date <u>4/4/14</u> Emp. No. <u>17000</u>	MAINTENANCE ACTION: Date _____ Repairs Made <input type="checkbox"/> No Repairs Needed <input type="checkbox"/> R.O.#S _____ Certified By: _____ Location: _____
REVIEWING DRIVER: Name _____ Date _____ Emp. No. _____	

SHOP REMARKS: _____

White - Fleet Safety
Canary - Maintenance

DRIVER'S INSPECTION REPORT

WAL-MART TRANSPORTATION, LLC
BENTONVILLE, AR 72712

COMPLETION OF THIS REPORT REQUIRED BY FEDERAL LAW, 49 CFR 396.11 & 396.13.

Truck or Tractor No. 02568 Mileage (No Tenths) 329370 Trailer No. 106790

Dolly No. _____ Trailer No. 7870 Transportation Office SMUTWJD
ATA/VMRS System Code Numbers for Shop Use Only CHECK DEFECTS ONLY. Explain under REMARKS.

POWER UNIT		
GENERAL CONDITION	IN-CAB	EXTERIOR
<input type="checkbox"/> 02 Cab/Doors/Windows	<input type="checkbox"/> 03 Gauges/Warning Indicators	<input type="checkbox"/> 34 Lights
<input type="checkbox"/> 02 Body/Doors	<input type="checkbox"/> 02 Windshield Wipers/Washers	<input type="checkbox"/> 34 Reflectors
<input type="checkbox"/> Oil Leak _____	<input type="checkbox"/> 54 Horns	<input type="checkbox"/> 16 Suspension
<input type="checkbox"/> Grease Leak _____	<input type="checkbox"/> 01 Heater/Defroster	<input type="checkbox"/> 17 Tires
<input type="checkbox"/> 42 Coolant Leak	<input type="checkbox"/> 02 Mirrors	<input type="checkbox"/> 18 Wheels/Rims/Lugs
<input type="checkbox"/> 44 Fuel Leak	<input type="checkbox"/> 15 Steering	<input type="checkbox"/> 32 Battery
<input type="checkbox"/> Other _____	<input type="checkbox"/> 23 Clutch	<input type="checkbox"/> 43 Exhaust
_____ (IDENTIFY)	<input type="checkbox"/> 13 Service Brakes	<input type="checkbox"/> 13 Brakes
	<input type="checkbox"/> 13 Parking Brake	<input type="checkbox"/> 13 Air Lines
	<input type="checkbox"/> 13 Emergency Brakes	<input type="checkbox"/> 34 Light Line
ENGINE COMPARTMENT	<input type="checkbox"/> 53 Triangles	<input type="checkbox"/> 49 Fifth-Wheel
<input type="checkbox"/> 45 Oil Level	<input type="checkbox"/> 53 Fire Extinguisher	<input type="checkbox"/> 49 Other Coupling
<input type="checkbox"/> 42 Coolant Level	<input type="checkbox"/> 53 Other Safety Equipment	<input type="checkbox"/> 71 Tie-Downs
<input type="checkbox"/> Belts _____	<input type="checkbox"/> 34 Spare Fuses	<input type="checkbox"/> 14 Rear-End Protection
<input type="checkbox"/> Other _____	<input type="checkbox"/> 02 Seat Belts	<input type="checkbox"/> Other _____
_____ (IDENTIFY)	<input type="checkbox"/> Other _____	_____ (IDENTIFY)
	_____ (IDENTIFY)	<input checked="" type="checkbox"/> NO DEFECTS

TOWED UNIT(S)			
<input type="checkbox"/> 71 Body/Doors	<input type="checkbox"/> 16 Suspension	<input type="checkbox"/> 77 Landing Gear	<input type="checkbox"/> 79 Rear-End Protection
<input type="checkbox"/> 71 Tie-Downs	<input type="checkbox"/> 17 Tires	<input type="checkbox"/> 59 King Pin/Upper Plate	<input type="checkbox"/> Other _____
<input type="checkbox"/> 34 Lights	<input type="checkbox"/> 18 Wheels/Rims/Lugs	<input type="checkbox"/> 59 Fifth-Wheel (Dolly)	_____ (IDENTIFY)
<input type="checkbox"/> 34 Reflectors	<input type="checkbox"/> 13 Brakes	<input type="checkbox"/> 59 Other Coupling Devices	<input checked="" type="checkbox"/> NO DEFECTS

REMARKS: _____

REPORTING DRIVER: _____ Date <u>4/5/14</u>	MAINTENANCE ACTION: Date _____
Name _____ Emp. _____	Repairs Made <input type="checkbox"/> No Repairs Needed <input type="checkbox"/>
REVIEWING DRIVER: _____ Date _____	R.O.#S _____
Name _____ Emp. No. _____	Certified By: _____
	Location: _____

SHOP REMARKS: _____

Slot 51

Wed 0600

DRIVER'S INSPECTION REPORT

White - Fleet Safety
Canary - Maintenance

WAL-MART TRANSPORTATION, LLC
BENTONVILLE, AR 72712

COMPLETION OF THIS REPORT REQUIRED BY FEDERAL LAW, 49 CFR 396.11 & 396.13.
Mileage (No Tenths)

Truck or Tractor No. 02568

329627

Trailer No. 67083

Dolly No. _____

Trailer No. _____

Transportation Office SHAWAR, DE

ATA/MRS System Code Numbers for Shop Use Only

CHECK DEFECTS ONLY. Explain under REMARKS.

POWER UNIT		
GENERAL CONDITION	IN-CAB	EXTERIOR
<input type="checkbox"/> 02 Cab/Doors/Windows	<input type="checkbox"/> 03 Gauges/Warning Indicators	<input type="checkbox"/> 34 Lights
<input type="checkbox"/> 02 Body/Doors	<input type="checkbox"/> 02 Windshield Wipers/Washers	<input type="checkbox"/> 34 Reflectors
<input type="checkbox"/> Oil Leak _____	<input type="checkbox"/> 54 Horns	<input type="checkbox"/> 16 Suspension
<input type="checkbox"/> Grease Leak _____	<input type="checkbox"/> 01 Heater/Defroster	<input type="checkbox"/> 17 Tires
<input type="checkbox"/> 42 Coolant Leak	<input type="checkbox"/> 02 Mirrors	<input type="checkbox"/> 18 Wheels/Rims/Lugs
<input type="checkbox"/> 44 Fuel Leak	<input type="checkbox"/> 15 Steering	<input type="checkbox"/> 32 Battery
<input type="checkbox"/> Other _____	<input type="checkbox"/> 23 Clutch	<input type="checkbox"/> 43 Exhaust
(IDENTIFY)	<input type="checkbox"/> 13 Service Brakes	<input type="checkbox"/> 13 Brakes
	<input type="checkbox"/> 13 Parking Brake	<input type="checkbox"/> 13 Air Lines
	<input type="checkbox"/> 13 Emergency Brakes	<input type="checkbox"/> 34 Light Line
ENGINE COMPARTMENT	<input type="checkbox"/> 53 Triangles	<input type="checkbox"/> 49 Fifth-Wheel
<input type="checkbox"/> 45 Oil Level	<input type="checkbox"/> 53 Fire Extinguisher	<input type="checkbox"/> 49 Other Coupling
<input type="checkbox"/> 42 Coolant Level	<input type="checkbox"/> 53 Other Safety Equipment	<input type="checkbox"/> 71 Tie-Downs
<input type="checkbox"/> Belts _____	<input type="checkbox"/> 34 Spare Fuses	<input type="checkbox"/> 14 Rear-End Protection
<input type="checkbox"/> Other _____	<input type="checkbox"/> 02 Seat Belts	<input type="checkbox"/> Other _____
(IDENTIFY)	<input type="checkbox"/> Other _____	(IDENTIFY)
	(IDENTIFY)	<input checked="" type="checkbox"/> NO DEFECTS

TOWED UNIT(S)			
<input type="checkbox"/> 71 Body/Doors	<input type="checkbox"/> 16 Suspension	<input type="checkbox"/> 77 Landing Gear	<input type="checkbox"/> 79 Rear-End Protection
<input type="checkbox"/> 71 Tie-Downs	<input type="checkbox"/> 17 Tires	<input type="checkbox"/> 59 King Pin/Upper Plate	<input type="checkbox"/> Other _____
<input type="checkbox"/> 34 Lights	<input type="checkbox"/> 18 Wheels/Rims/Lugs	<input type="checkbox"/> 59 Fifth-Wheel (Dolly)	(IDENTIFY)
<input type="checkbox"/> 34 Reflectors	<input type="checkbox"/> 13 Brakes	<input type="checkbox"/> 59 Other Coupling Devices	<input type="checkbox"/> NO DEFECTS

REMARKS: O.B.C Bracket loose, O.B.C Shakes
while Riding Down Road

REPORTING DRIVER: _____ Date 4-6-2014
Name _____ Emp. No. _____

MAINTENANCE ACTION: Date _____
Repairs Made No Repairs Needed

REVIEWING DRIVER: _____ Date _____
Name _____ Emp. No. _____

R.O.#S _____
Certified By: _____
Location: _____

SHOP REMARKS: _____

DRIVER'S INSPECTION REPORT

White - Fleet Safety
Canary - Maintenance

WAL-MART TRANSPORTATION, LLC
BENTONVILLE, AR 72712

COMPLETION OF THIS REPORT REQUIRED BY FEDERAL LAW, 49 CFR 396.11 & 396.13.

Mileage (No Tenths)

Truck or Tractor No. 02508 Mileage 330619 Trailer No. 129672

Dolly No. _____ Trailer No. _____ Transportation Office SAYNO, DE
ATA/VMRS System Code Numbers for Shop Use Only CHECK DEFECTS ONLY. Explain under REMARKS.

POWER UNIT		
GENERAL CONDITION <input type="checkbox"/> 02 Cab/Doors/Windows <input type="checkbox"/> 02 Body/Doors <input type="checkbox"/> Oil Leak _____ <input type="checkbox"/> Grease Leak _____ <input type="checkbox"/> 42 Coolant Leak <input type="checkbox"/> 44 Fuel Leak <input type="checkbox"/> Other _____ <p style="text-align: center;">(IDENTIFY)</p>	IN-CAB <input type="checkbox"/> 03 Gauges/Warning Indicators <input type="checkbox"/> 02 Windshield Wipers/Washers <input type="checkbox"/> 54 Horns <input type="checkbox"/> 01 Heater/Defroster <input type="checkbox"/> 02 Mirrors <input type="checkbox"/> 15 Steering <input type="checkbox"/> 23 Clutch <input type="checkbox"/> 13 Service Brakes <input type="checkbox"/> 13 Parking Brake <input type="checkbox"/> 13 Emergency Brakes <input type="checkbox"/> 53 Triangles <input type="checkbox"/> 53 Fire Extinguisher <input type="checkbox"/> 53 Other Safety Equipment <input type="checkbox"/> 34 Spare Fuses <input type="checkbox"/> 02 Seat Belts <input type="checkbox"/> Other _____ <p style="text-align: center;">(IDENTIFY)</p>	EXTERIOR <input type="checkbox"/> 34 Lights <input type="checkbox"/> 34 Reflectors <input type="checkbox"/> 16 Suspension <input type="checkbox"/> 17 Tires <input type="checkbox"/> 18 Wheels/Rims/Lugs <input type="checkbox"/> 32 Battery <input type="checkbox"/> 43 Exhaust <input type="checkbox"/> 13 Brakes <input type="checkbox"/> 13 Air Lines <input type="checkbox"/> 34 Light Line <input type="checkbox"/> 49 Fifth-Wheel <input type="checkbox"/> 49 Other Coupling <input type="checkbox"/> 14 Rear-End Protection <input type="checkbox"/> Other _____ <p style="text-align: center;">(IDENTIFY)</p>
<input checked="" type="checkbox"/> NO DEFECTS		

TOWED UNIT(S)			
<input type="checkbox"/> 71 Body/Doors <input type="checkbox"/> 71 Tie-Downs <input type="checkbox"/> 34 Lights <input type="checkbox"/> 34 Reflectors	<input type="checkbox"/> 16 Suspension <input type="checkbox"/> 17 Tires <input type="checkbox"/> 18 Wheels/Rims/Lugs <input type="checkbox"/> 13 Brakes	<input type="checkbox"/> 77 Landing Gear <input type="checkbox"/> 59 King Pin/Upper Plate <input type="checkbox"/> 59 Fifth-Wheel (Dolly) <input type="checkbox"/> 59 Other Coupling Devices	<input type="checkbox"/> 79 Rear-End Protection <input type="checkbox"/> Other _____ <p style="text-align: center;">(IDENTIFY)</p>
<input checked="" type="checkbox"/> NO DEFECTS			

REMARKS: _____

REPORTING DRIVER: Name _____ Date <u>4-9-2014</u> Emp. No. _____	MAINTENANCE ACTION: Date _____ Repairs Made <input type="checkbox"/> No Repairs Needed <input type="checkbox"/> R.O.#'S _____
REVIEWING DRIVER: Name _____ Date _____ Emp. No. _____	Certified By: _____ Location: _____

SHOP REMARKS: _____

DRIVER'S INSPECTION REPORT

White - Fleet Safety
Canary - Maintenance

WAL-MART TRANSPORTATION, LLC
BENTONVILLE, AR 72712

COMPLETION OF THIS REPORT REQUIRED BY FEDERAL LAW, 49 CFR 396.11 & 396.13.

Truck or Tractor No. 02508

Mileage (No Tenths)
331263

Trailer No. 110081

Dolly No. _____ Trailer No. _____ Transportation Office Smyrna, DE
ATAVMRS System Code Numbers for Shop Use Only CHECK DEFECTS ONLY. Explain under REMARKS.

POWER UNIT		
GENERAL CONDITION <input type="checkbox"/> 02 Cab/Doors/Windows <input type="checkbox"/> 02 Body/Doors <input type="checkbox"/> Oil Leak _____ <input type="checkbox"/> Grease Leak _____ <input type="checkbox"/> 42 Coolant Leak <input type="checkbox"/> 44 Fuel Leak <input type="checkbox"/> Other _____ <p style="text-align: center;">(IDENTIFY)</p>	IN-CAB <input type="checkbox"/> 03 Gauges/Warning Indicators <input type="checkbox"/> 02 Windshield Wipers/Washers <input type="checkbox"/> 54 Horns <input type="checkbox"/> 01 Heater/Defroster <input type="checkbox"/> 02 Mirrors <input type="checkbox"/> 15 Steering <input type="checkbox"/> 23 Clutch <input type="checkbox"/> 13 Service Brakes <input type="checkbox"/> 13 Parking Brake <input type="checkbox"/> 13 Emergency Brakes <input type="checkbox"/> 53 Triangles <input type="checkbox"/> 53 Fire Extinguisher <input type="checkbox"/> 53 Other Safety Equipment <input type="checkbox"/> 34 Spare Fuses <input type="checkbox"/> 02 Seat Belts <input type="checkbox"/> Other _____ <p style="text-align: center;">(IDENTIFY)</p>	EXTERIOR <input type="checkbox"/> 34 Lights <input type="checkbox"/> 34 Reflectors <input type="checkbox"/> 16 Suspension <input type="checkbox"/> 17 Tires <input type="checkbox"/> 18 Wheels/Rims/Lugs <input type="checkbox"/> 32 Battery <input type="checkbox"/> 43 Exhaust <input type="checkbox"/> 13 Brakes <input type="checkbox"/> 13 Air Lines <input type="checkbox"/> 34 Light Line <input type="checkbox"/> 49 Fifth-Wheel <input type="checkbox"/> 49 Other Coupling <input type="checkbox"/> 71 Tie-Downs <input type="checkbox"/> 14 Rear-End Protection <input type="checkbox"/> Other _____ <p style="text-align: center;">(IDENTIFY)</p>
(IDENTIFY)		<input checked="" type="checkbox"/> NO DEFECTS

TOWED UNIT(S)			
<input type="checkbox"/> 71 Body/Doors <input type="checkbox"/> 71 Tie-Downs <input type="checkbox"/> 34 Lights <input type="checkbox"/> 34 Reflectors	<input type="checkbox"/> 16 Suspension <input type="checkbox"/> 17 Tires <input type="checkbox"/> 18 Wheels/Rims/Lugs <input type="checkbox"/> 13 Brakes	<input type="checkbox"/> 77 Landing Gear <input type="checkbox"/> 59 King Pin/Upper Plate <input type="checkbox"/> 59 Fifth-Wheel (Dolly) <input type="checkbox"/> 59 Other Coupling Devices	<input type="checkbox"/> 79 Rear-End Protection <input type="checkbox"/> Other _____ <p style="text-align: center;">(IDENTIFY)</p>
(IDENTIFY)			<input checked="" type="checkbox"/> NO DEFECTS

REMARKS: _____

REPORTING DRIVER: _____ Date <u>4-10-2014</u> Name _____ Emp. No. _____	MAINTENANCE ACTION: Date _____ Repairs Made <input type="checkbox"/> No Repairs Needed <input type="checkbox"/> R.O.#S _____
REVIEWING DRIVER: _____ Date _____ Name _____ Emp. No. _____	Certified By: _____ Location: _____

SHOP REMARKS: _____

DRIVER'S INSPECTION REPORT

White - Fleet Safety
Canary - Maintenance

WAL-MART TRANSPORTATION, LLC
BENTONVILLE, AR 72712

COMPLETION OF THIS REPORT REQUIRED BY FEDERAL LAW, 49 CFR 396.11 & 396.13.

Mileage (No Tenths)

Truck or Tractor No. 02565 333457 Trailer No. 109370

Dolly No. _____ Trailer No. _____ Transportation Office Smyrna
ATAVMRS System Code Numbers for Shop Use Only CHECK DEFECTS ONLY. Explain under REMARKS.

POWER UNIT		
GENERAL CONDITION <input type="checkbox"/> 02 Cab/Doors/Windows <input type="checkbox"/> 02 Body/Doors <input type="checkbox"/> ___ Oil Leak _____ <input type="checkbox"/> ___ Grease Leak _____ <input type="checkbox"/> 42 Coolant Leak <input type="checkbox"/> 44 Fuel Leak <input type="checkbox"/> ___ Other _____ <div style="text-align: center; font-size: small;">(IDENTIFY)</div>	IN-CAB <input type="checkbox"/> 03 Gauges/Warning Indicators <input type="checkbox"/> 02 Windshield Wipers/Washers <input type="checkbox"/> 54 Horns <input type="checkbox"/> 01 Heater/Defroster <input type="checkbox"/> 02 Mirrors <input type="checkbox"/> 15 Steering <input type="checkbox"/> 23 Clutch <input type="checkbox"/> 13 Service Brakes <input type="checkbox"/> 13 Parking Brake <input type="checkbox"/> 13 Emergency Brakes <input type="checkbox"/> 53 Triangles <input type="checkbox"/> 53 Fire Extinguisher <input type="checkbox"/> 53 Other Safety Equipment <input type="checkbox"/> 34 Spare Fuses <input type="checkbox"/> 02 Seat Belts <input type="checkbox"/> ___ Other _____ <div style="text-align: center; font-size: small;">(IDENTIFY)</div>	EXTERIOR <input type="checkbox"/> 34 Lights <input type="checkbox"/> 34 Reflectors <input type="checkbox"/> 16 Suspension <input type="checkbox"/> 17 Tires <input type="checkbox"/> 18 Wheels/Rims/Lugs <input type="checkbox"/> 32 Battery <input type="checkbox"/> 43 Exhaust <input type="checkbox"/> 13 Brakes <input type="checkbox"/> 13 Air Lines <input type="checkbox"/> 34 Light Line <input type="checkbox"/> 49 Fifth-Wheel <input type="checkbox"/> 49 Other Coupling <input type="checkbox"/> 71 Tie-Downs <input type="checkbox"/> 14 Rear-End Protection <input type="checkbox"/> ___ Other _____ <div style="text-align: center; font-size: small;">(IDENTIFY)</div>
<input checked="" type="checkbox"/> NO DEFECTS		

TOWED UNIT(S)			
<input type="checkbox"/> 71 Body/Doors <input type="checkbox"/> 71 Tie-Downs <input type="checkbox"/> 34 Lights <input type="checkbox"/> 34 Reflectors	<input type="checkbox"/> 16 Suspension <input type="checkbox"/> 17 Tires <input type="checkbox"/> 18 Wheels/Rims/Lugs <input type="checkbox"/> 13 Brakes	<input type="checkbox"/> 77 Landing Gear <input type="checkbox"/> 59 King Pin/Upper Plate <input type="checkbox"/> 59 Fifth-Wheel (Dolly) <input type="checkbox"/> 59 Other Coupling Devices	<input type="checkbox"/> 79 Rear-End Protection <input type="checkbox"/> ___ Other _____ <div style="text-align: center; font-size: small;">(IDENTIFY)</div>
<input checked="" type="checkbox"/> NO DEFECTS			

REMARKS: _____

REPORTING DRIVER: <u>Al</u> Date <u>4-17-14</u> Name _____ Emp. No. _____	MAINTENANCE ACTION: Date _____ Repairs Made <input type="checkbox"/> No Repairs Needed <input type="checkbox"/> R.O.#'S _____
REVIEWING DRIVER: _____ Date _____ Name _____ Emp. No. _____	Certified By: _____ Location: _____

SHOP REMARKS: _____

White - Fleet Safety
Canary - Maintenance

DRIVER'S INSPECTION REPORT

WAL-MART TRANSPORTATION, LLC
BENTONVILLE, AR 72712

COMPLETION OF THIS REPORT REQUIRED BY FEDERAL LAW, 49 CFR 396.11 & 396.13.

Truck or Tractor No. 02568

Mileage (No Tenths) 333807

Trailer No. 64911

Dolly No. _____ Trailer No. _____ Transportation Office Smyrna DE
ATAVMRS System Code Numbers for Shop Use Only CHECK DEFECTS ONLY. Explain under REMARKS.

POWER UNIT		
GENERAL CONDITION	IN-CAB	EXTERIOR
<input type="checkbox"/> 02 Cab/Doors/Windows	<input type="checkbox"/> 03 Gauges/Warning Indicators	<input type="checkbox"/> 34 Lights
<input type="checkbox"/> 02 Body/Doors	<input type="checkbox"/> 02 Windshield Wipers/Washers	<input type="checkbox"/> 34 Reflectors
<input type="checkbox"/> Oil Leak _____	<input type="checkbox"/> 54 Horns	<input type="checkbox"/> 16 Suspension
<input type="checkbox"/> Grease Leak _____	<input type="checkbox"/> 01 Heater/Defroster	<input type="checkbox"/> 17 Tires
<input type="checkbox"/> 42 Coolant Leak	<input type="checkbox"/> 02 Mirrors	<input type="checkbox"/> 18 Wheels/Rims/Lugs
<input type="checkbox"/> 44 Fuel Leak	<input type="checkbox"/> 15 Steering	<input type="checkbox"/> 32 Battery
<input type="checkbox"/> Other _____	<input type="checkbox"/> 23 Clutch	<input type="checkbox"/> 43 Exhaust
(IDENTIFY)	<input type="checkbox"/> 13 Service Brakes	<input type="checkbox"/> 13 Brakes
	<input type="checkbox"/> 13 Parking Brake	<input type="checkbox"/> 13 Air Lines
	<input type="checkbox"/> 13 Emergency Brakes	<input type="checkbox"/> 34 Light Line
ENGINE COMPARTMENT	<input type="checkbox"/> 53 Triangles	<input type="checkbox"/> 49 Fifth-Wheel
<input type="checkbox"/> 45 Oil Level	<input type="checkbox"/> 53 Fire Extinguisher	<input type="checkbox"/> 49 Other Coupling
<input type="checkbox"/> 42 Coolant Level	<input type="checkbox"/> 53 Other Safety Equipment	<input type="checkbox"/> 71 Tie-Downs
<input type="checkbox"/> Belts _____	<input type="checkbox"/> 34 Spare Fuses	<input type="checkbox"/> 14 Rear-End Protection
<input type="checkbox"/> Other _____	<input type="checkbox"/> 02 Seat Belts	<input type="checkbox"/> Other _____
(IDENTIFY)	<input type="checkbox"/> Other _____	(IDENTIFY)
	(IDENTIFY)	<input checked="" type="checkbox"/> NO DEFECTS

TOWED UNIT(S)			
<input type="checkbox"/> 71 Body/Doors	<input type="checkbox"/> 16 Suspension	<input type="checkbox"/> 77 Landing Gear	<input type="checkbox"/> 79 Rear-End Protection
<input type="checkbox"/> 71 Tie-Downs	<input type="checkbox"/> 17 Tires	<input type="checkbox"/> 59 King Pin/Upper Plate	<input type="checkbox"/> Other _____
<input type="checkbox"/> 34 Lights	<input type="checkbox"/> 18 Wheels/Rims/Lugs	<input type="checkbox"/> 59 Fifth-Wheel (Dolly)	(IDENTIFY)
<input type="checkbox"/> 34 Reflectors	<input type="checkbox"/> 13 Brakes	<input type="checkbox"/> 59 Other Coupling Devices	<input checked="" type="checkbox"/> NO DEFECTS

REMARKS: _____

REPORTING DRIVER: <u>[Signature]</u> Date <u>4-18-14</u>	MAINTENANCE ACTION: Date _____
Name _____ Emp. No. _____	Repairs Made <input type="checkbox"/> No Repairs Needed <input type="checkbox"/>
REVIEWING DRIVER: _____ Date _____	R.O.#S _____
Name _____ Emp. No. _____	Certified By: _____
	Location: _____

SHOP REMARKS: _____

White - Fleet Safety
Canary - Maintenance

DRIVER'S INSPECTION REPORT

WAL-MART TRANSPORTATION, LLC
BENTONVILLE, AR 72712

COMPLETION OF THIS REPORT REQUIRED BY FEDERAL LAW, 49 CFR 396.11 & 396.13.

Mileage (No Tenths)

Truck or Tractor No. 02568 334168 Trailer No. 104521

Dolly No. _____ Trailer No. _____ Transportation Office Smyrna DE
ATAVMRS System Code Numbers for Shop Use Only CHECK DEFECTS ONLY. Explain under REMARKS.

POWER UNIT		
GENERAL CONDITION	IN-CAB	EXTERIOR
<input type="checkbox"/> 02 Cab/Doors/Windows	<input type="checkbox"/> 03 Gauges/Warning Indicators	<input type="checkbox"/> 34 Lights
<input type="checkbox"/> 02 Body/Doors	<input type="checkbox"/> 02 Windshield Wipers/Washers	<input type="checkbox"/> 34 Reflectors
<input type="checkbox"/> Oil Leak _____	<input type="checkbox"/> 54 Horns	<input type="checkbox"/> 16 Suspension
<input type="checkbox"/> Grease Leak _____	<input type="checkbox"/> 01 Heater/Defroster	<input type="checkbox"/> 17 Tires
<input type="checkbox"/> 42 Coolant Leak	<input type="checkbox"/> 02 Mirrors	<input type="checkbox"/> 18 Wheels/Rims/Lugs
<input type="checkbox"/> 44 Fuel Leak	<input type="checkbox"/> 15 Steering	<input type="checkbox"/> 32 Battery
<input type="checkbox"/> Other _____	<input type="checkbox"/> 23 Clutch	<input type="checkbox"/> 43 Exhaust
(IDENTIFY)	<input type="checkbox"/> 13 Service Brakes	<input type="checkbox"/> 13 Brakes
	<input type="checkbox"/> 13 Parking Brake	<input type="checkbox"/> 13 Air Lines
	<input type="checkbox"/> 13 Emergency Brakes	<input type="checkbox"/> 34 Light Line
	<input type="checkbox"/> 53 Triangles	<input type="checkbox"/> 49 Fifth-Wheel
	<input type="checkbox"/> 53 Fire Extinguisher	<input type="checkbox"/> 49 Other Coupling
	<input type="checkbox"/> 53 Other Safety Equipment	<input type="checkbox"/> 71 Tie-Downs
	<input type="checkbox"/> 34 Spare Fuses	<input type="checkbox"/> 14 Rear-End Protection
	<input type="checkbox"/> 02 Seat Belts	<input type="checkbox"/> Other _____
(IDENTIFY)	<input type="checkbox"/> Other _____	(IDENTIFY)
	(IDENTIFY)	<input checked="" type="checkbox"/> NO DEFECTS

TOWED UNIT(S)			
<input type="checkbox"/> 71 Body/Doors	<input type="checkbox"/> 16 Suspension	<input type="checkbox"/> 77 Landing Gear	<input type="checkbox"/> 79 Rear-End Protection
<input type="checkbox"/> 71 Tie-Downs	<input type="checkbox"/> 17 Tires	<input type="checkbox"/> 59 King Pin/Upper Plate	<input type="checkbox"/> Other _____
<input type="checkbox"/> 34 Lights	<input type="checkbox"/> 18 Wheels/Rims/Lugs	<input type="checkbox"/> 59 Fifth-Wheel (Dolly)	(IDENTIFY)
<input type="checkbox"/> 34 Reflectors	<input type="checkbox"/> 13 Brakes	<input type="checkbox"/> 59 Other Coupling Devices	<input checked="" type="checkbox"/> NO DEFECTS

REMARKS: _____

REPORTING DRIVER: <u>[Signature]</u> Date <u>4-19-14</u>	MAINTENANCE ACTION: Date _____
Name _____ Emp. _____	Repairs Made <input type="checkbox"/> No Repairs Needed <input type="checkbox"/>
REVIEWING DRIVER: _____ Date _____	R.O.#'S _____
Name _____ Emp. No. _____	Certified By: _____
	Location: _____

SHOP REMARKS: _____

White - Fleet Safety
Canary - Maintenance

DRIVER'S INSPECTION REPORT

WAL-MART TRANSPORTATION, LLC
BENTONVILLE, AR 72712

COMPLETION OF THIS REPORT REQUIRED BY FEDERAL LAW, 49 CFR 396.11 & 396.13.

Mileage (No Tenths)

Truck or
Tractor No. 02568

334509

Trailer No. 66240

Dolly No. _____ Trailer No. _____ Transportation Office Smyrna DE
ATA/VMRS System Code Numbers for Shop Use Only CHECK DEFECTS ONLY. Explain under REMARKS.

POWER UNIT		
GENERAL CONDITION	IN-CAB	EXTERIOR
<input type="checkbox"/> 02 Cab/Doors/Windows	<input type="checkbox"/> 03 Gauges/Warning Indicators	<input type="checkbox"/> 34 Lights
<input type="checkbox"/> 02 Body/Doors	<input type="checkbox"/> 02 Windshield Wipers/Washers	<input type="checkbox"/> 34 Reflectors
<input type="checkbox"/> Oil Leak _____	<input type="checkbox"/> 54 Horns	<input type="checkbox"/> 16 Suspension
<input type="checkbox"/> Grease Leak _____	<input type="checkbox"/> 01 Heater/Defroster	<input type="checkbox"/> 17 Tires
<input type="checkbox"/> 42 Coolant Leak	<input type="checkbox"/> 02 Mirrors	<input type="checkbox"/> 18 Wheels/Rims/Lugs
<input type="checkbox"/> 44 Fuel Leak	<input type="checkbox"/> 15 Steering	<input type="checkbox"/> 32 Battery
<input type="checkbox"/> Other _____	<input type="checkbox"/> 23 Clutch	<input type="checkbox"/> 43 Exhaust
(IDENTIFY)	<input type="checkbox"/> 13 Service Brakes	<input type="checkbox"/> 13 Brakes
	<input type="checkbox"/> 13 Parking Brake	<input type="checkbox"/> 13 Air Lines
	<input type="checkbox"/> 13 Emergency Brakes	<input type="checkbox"/> 34 Light Line
ENGINE COMPARTMENT	<input type="checkbox"/> 53 Triangles	<input type="checkbox"/> 49 Fifth-Wheel
<input type="checkbox"/> 45 Oil Level	<input type="checkbox"/> 53 Fire Extinguisher	<input type="checkbox"/> 49 Other Coupling
<input type="checkbox"/> 42 Coolant Level	<input type="checkbox"/> 53 Other Safety Equipment	<input type="checkbox"/> 71 Tie-Downs
<input type="checkbox"/> Belts _____	<input type="checkbox"/> 34 Spare Fuses	<input type="checkbox"/> 14 Rear-End Protection
<input type="checkbox"/> Other _____	<input type="checkbox"/> 02 Seat Belts	<input type="checkbox"/> Other _____
(IDENTIFY)	<input type="checkbox"/> Other _____	(IDENTIFY)
	(IDENTIFY)	<input checked="" type="checkbox"/> NO DEFECTS

TOWED UNIT(S)			
<input type="checkbox"/> 71 Body/Doors	<input type="checkbox"/> 16 Suspension	<input type="checkbox"/> 77 Landing Gear	<input type="checkbox"/> 79 Rear-End Protection
<input type="checkbox"/> 71 Tie-Downs	<input type="checkbox"/> 17 Tires	<input type="checkbox"/> 59 King Pin/Upper Plate	<input type="checkbox"/> Other _____
<input type="checkbox"/> 34 Lights	<input type="checkbox"/> 18 Wheels/Rims/Lugs	<input type="checkbox"/> 59 Fifth-Wheel (Dolly)	(IDENTIFY)
<input type="checkbox"/> 34 Reflectors	<input type="checkbox"/> 13 Brakes	<input type="checkbox"/> 59 Other Coupling Devices	<input checked="" type="checkbox"/> NO DEFECTS

REMARKS: _____

REPAIRS MADE BY: <u>[Redacted]</u> Date: <u>4-20-14</u>	MAINTENANCE ACTION: Date _____
Name: <u>[Redacted]</u> Emp. No. <u>[Redacted]</u>	Repairs Made <input type="checkbox"/> No Repairs Needed <input type="checkbox"/>
REVIEWING DRIVER: _____ Date _____	R.O.#S _____
Name _____ Emp. No. _____	Certified By: _____
	Location: _____

SHOP REMARKS: _____

DRIVER'S INSPECTION REPORT

White - Fleet Safety
Canary - Maintenance

WAL-MART TRANSPORTATION, LLC
BENTONVILLE, AR 72712

COMPLETION OF THIS REPORT REQUIRED BY FEDERAL LAW, 49 CFR 396.11 & 396.13.

Mileage (No Tenths)

Truck or Tractor No. 02568 334912 Trailer No. 123591

Dolly No. _____ Trailer No. _____ Transportation Office SMY290
ATAVMRS System Code Numbers for Shop Use Only CHECK DEFECTS ONLY. Explain under REMARKS.

POWER UNIT		
GENERAL CONDITION <input type="checkbox"/> 02 Cab/Doors/Windows <input type="checkbox"/> 02 Body/Doors <input type="checkbox"/> Oil Leak _____ <input type="checkbox"/> Grease Leak _____ <input type="checkbox"/> 42 Coolant Leak <input type="checkbox"/> 44 Fuel Leak <input type="checkbox"/> Other _____ <div style="text-align: right; font-size: small;">(IDENTIFY)</div>	IN-CAB <input type="checkbox"/> 03 Gauges/Warning Indicators <input type="checkbox"/> 02 Windshield Wipers/Washers <input type="checkbox"/> 54 Horns <input type="checkbox"/> 01 Heater/Defroster <input type="checkbox"/> 02 Mirrors <input type="checkbox"/> 15 Steering <input type="checkbox"/> 23 Clutch <input type="checkbox"/> 13 Service Brakes <input type="checkbox"/> 13 Parking Brake <input type="checkbox"/> 13 Emergency Brakes <input type="checkbox"/> 53 Triangles <input type="checkbox"/> 53 Fire Extinguisher <input type="checkbox"/> 53 Other Safety Equipment <input type="checkbox"/> 34 Spare Fuses <input type="checkbox"/> 02 Seat Belts <input type="checkbox"/> Other _____ <div style="text-align: right; font-size: small;">(IDENTIFY)</div>	EXTERIOR <input type="checkbox"/> 34 Lights <input type="checkbox"/> 34 Reflectors <input type="checkbox"/> 16 Suspension <input type="checkbox"/> 17 Tires <input type="checkbox"/> 18 Wheels/Rims/Lugs <input type="checkbox"/> 32 Battery <input type="checkbox"/> 43 Exhaust <input type="checkbox"/> 13 Brakes <input type="checkbox"/> 13 Air Lines <input type="checkbox"/> 34 Light Line <input type="checkbox"/> 49 Fifth-Wheel <input type="checkbox"/> 49 Other Coupling <input type="checkbox"/> 71 Tie-Downs <input type="checkbox"/> 14 Rear-End Protection <input type="checkbox"/> Other _____ <div style="text-align: right; font-size: small;">(IDENTIFY)</div>
<input checked="" type="checkbox"/> NO DEFECTS		

TOWED UNIT(S)			
<input type="checkbox"/> 71 Body/Doors <input type="checkbox"/> 71 Tie-Downs <input type="checkbox"/> 34 Lights <input type="checkbox"/> 34 Reflectors	<input type="checkbox"/> 16 Suspension <input type="checkbox"/> 17 Tires <input type="checkbox"/> 18 Wheels/Rims/Lugs <input type="checkbox"/> 13 Brakes	<input type="checkbox"/> 77 Landing Gear <input type="checkbox"/> 59 King Pin/Upper Plate <input type="checkbox"/> 59 Fifth-Wheel (Dolly) <input type="checkbox"/> 59 Other Coupling Devices	<input type="checkbox"/> 79 Rear-End Protection <input type="checkbox"/> Other _____ <div style="text-align: right; font-size: small;">(IDENTIFY)</div>
<input checked="" type="checkbox"/> NO DEFECTS			

REMARKS: _____

REPORTING DRIVER: Date <u>4/22/14</u> Name _____ Emp. No. _____	MAINTENANCE ACTION: Date _____ Repairs Made <input type="checkbox"/> No Repairs Needed <input type="checkbox"/> R.O.#S _____ Certified By: _____ Location: _____
REVIEWING DRIVER: Date _____ Name _____ Emp. No. _____	

SHOP REMARKS: _____

DRIVER'S INSPECTION REPORT

White - Fleet Safety
Canary - Maintenance

WAL-MART TRANSPORTATION, LLC
BENTONVILLE, AR 72712

COMPLETION OF THIS REPORT REQUIRED BY FEDERAL LAW, 49 CFR 396.11 & 396.13.

Mileage (No Tenths)

Truck or Tractor No. 02568 335876 Trailer No. 131657

Dolly No. _____ Trailer No. _____ Transportation Office SMYRNA
ATA/VMRS System Code Numbers for Shop Use Only CHECK DEFECTS ONLY. Explain under REMARKS.

POWER UNIT		
GENERAL CONDITION	IN-CAB	EXTERIOR
<input type="checkbox"/> 02 Cab/Doors/Windows	<input type="checkbox"/> 03 Gauges/Warning Indicators	<input type="checkbox"/> 34 Lights
<input type="checkbox"/> 02 Body/Doors	<input type="checkbox"/> 02 Windshield Wipers/Washers	<input type="checkbox"/> 34 Reflectors
<input type="checkbox"/> Oil Leak _____	<input type="checkbox"/> 54 Horns	<input type="checkbox"/> 16 Suspension
<input type="checkbox"/> Grease Leak _____	<input type="checkbox"/> 01 Heater/Defroster	<input type="checkbox"/> 17 Tires
<input type="checkbox"/> 42 Coolant Leak	<input type="checkbox"/> 02 Mirrors	<input type="checkbox"/> 18 Wheels/Rims/Lugs
<input type="checkbox"/> 44 Fuel Leak	<input type="checkbox"/> 15 Steering	<input type="checkbox"/> 32 Battery
<input type="checkbox"/> Other _____	<input type="checkbox"/> 23 Clutch	<input type="checkbox"/> 43 Exhaust
(IDENTIFY)	<input type="checkbox"/> 13 Service Brakes	<input type="checkbox"/> 13 Brakes
	<input type="checkbox"/> 13 Parking Brake	<input type="checkbox"/> 13 Air Lines
	<input type="checkbox"/> 13 Emergency Brakes	<input type="checkbox"/> 34 Light Line
	<input type="checkbox"/> 53 Triangles	<input type="checkbox"/> 49 Fifth-Wheel
	<input type="checkbox"/> 53 Fire Extinguisher	<input type="checkbox"/> 49 Other Coupling
	<input type="checkbox"/> 53 Other Safety Equipment	<input type="checkbox"/> 71 Tie-Downs
	<input type="checkbox"/> 34 Spare Fuses	<input type="checkbox"/> 14 Rear-End Protection
	<input type="checkbox"/> 02 Seat Belts	<input type="checkbox"/> Other _____
(IDENTIFY)	(IDENTIFY)	(IDENTIFY)
<input checked="" type="checkbox"/> NO DEFECTS		

TOWED UNIT(S)			
<input type="checkbox"/> 71 Body/Doors	<input type="checkbox"/> 16 Suspension	<input type="checkbox"/> 77 Landing Gear	<input type="checkbox"/> 79 Rear-End Protection
<input type="checkbox"/> 71 Tie-Downs	<input type="checkbox"/> 17 Tires	<input type="checkbox"/> 59 King Pin/Upper Plate	<input type="checkbox"/> Other _____
<input type="checkbox"/> 34 Lights	<input type="checkbox"/> 18 Wheels/Rims/Lugs	<input type="checkbox"/> 59 Fifth-Wheel (Dolly)	(IDENTIFY)
<input type="checkbox"/> 34 Reflectors	<input type="checkbox"/> 13 Brakes	<input type="checkbox"/> 59 Other Coupling Devices	<input checked="" type="checkbox"/> NO DEFECTS

REMARKS: _____

REPORTING DRIVER: _____ Name: _____ Date: <u>4/24/14</u> Emp. #: _____	MAINTENANCE ACTION: _____ Date: _____ Repairs Made <input type="checkbox"/> No Repairs Needed <input type="checkbox"/> R.O.#S: _____ Certified By: _____ Location: _____
REVIEWING DRIVER: _____ Name: _____ Date: _____ Emp. No.: _____	

SHOP REMARKS: _____

White - Fleet Safety
Canary - Maintenance

DRIVER'S INSPECTION REPORT

WAL-MART TRANSPORTATION, LLC
BENTONVILLE, AR 72712

COMPLETION OF THIS REPORT REQUIRED BY FEDERAL LAW, 49 CFR 396.11 & 396.13.

Mileage (No Tenths)

Truck or Tractor No. 02568

336251

Trailer No. 110192

Dolly No. _____ Trailer No. _____ Transportation Office SPRINGDALE
ATA/VMRS System Code Numbers for Shop Use Only CHECK DEFECTS ONLY. Explain under REMARKS.

POWER UNIT		
GENERAL CONDITION	IN-CAB	EXTERIOR
<input type="checkbox"/> 02 Cab/Doors/Windows	<input type="checkbox"/> 03 Gauges/Warning Indicators	<input type="checkbox"/> 34 Lights
<input type="checkbox"/> 02 Body/Doors	<input type="checkbox"/> 02 Windshield Wipers/Washers	<input type="checkbox"/> 34 Reflectors
<input type="checkbox"/> ___ Oil Leak _____	<input type="checkbox"/> 54 Horns	<input type="checkbox"/> 16 Suspension
<input type="checkbox"/> ___ Grease Leak _____	<input type="checkbox"/> 01 Heater/Defroster	<input type="checkbox"/> 17 Tires
<input type="checkbox"/> 42 Coolant Leak	<input type="checkbox"/> 02 Mirrors	<input type="checkbox"/> 18 Wheels/Rims/Lugs
<input type="checkbox"/> 44 Fuel Leak	<input type="checkbox"/> 15 Steering	<input type="checkbox"/> 32 Battery
<input type="checkbox"/> ___ Other _____	<input type="checkbox"/> 23 Clutch	<input type="checkbox"/> 43 Exhaust
(IDENTIFY)	<input type="checkbox"/> 13 Service Brakes	<input type="checkbox"/> 13 Brakes
	<input type="checkbox"/> 13 Parking Brake	<input type="checkbox"/> 13 Air Lines
	<input type="checkbox"/> 13 Emergency Brakes	<input type="checkbox"/> 34 Light Line
ENGINE COMPARTMENT	<input type="checkbox"/> 53 Triangles	<input type="checkbox"/> 49 Fifth-Wheel
<input type="checkbox"/> 45 Oil Level	<input type="checkbox"/> 53 Fire Extinguisher	<input type="checkbox"/> 49 Other Coupling
<input type="checkbox"/> 42 Coolant Level	<input type="checkbox"/> 53 Other Safety Equipment	<input type="checkbox"/> 71 Tie-Downs
<input type="checkbox"/> ___ Belts _____	<input type="checkbox"/> 34 Spare Fuses	<input type="checkbox"/> 14 Rear-End Protection
<input type="checkbox"/> ___ Other _____	<input type="checkbox"/> 02 Seat Belts	<input type="checkbox"/> ___ Other _____
(IDENTIFY)	<input type="checkbox"/> ___ Other _____	(IDENTIFY)
	(IDENTIFY)	<input checked="" type="checkbox"/> NO DEFECTS

TOWED UNIT(S)			
<input type="checkbox"/> 71 Body/Doors	<input type="checkbox"/> 16 Suspension	<input type="checkbox"/> 77 Landing Gear	<input type="checkbox"/> 79 Rear-End Protection
<input type="checkbox"/> 71 Tie-Downs	<input type="checkbox"/> 17 Tires	<input type="checkbox"/> 59 King Pin/Upper Plate	<input type="checkbox"/> ___ Other _____
<input type="checkbox"/> 34 Lights	<input type="checkbox"/> 18 Wheels/Rims/Lugs	<input type="checkbox"/> 59 Fifth-Wheel (Dolly)	(IDENTIFY)
<input type="checkbox"/> 34 Reflectors	<input type="checkbox"/> 13 Brakes	<input type="checkbox"/> 59 Other Coupling Devices	<input checked="" type="checkbox"/> NO DEFECTS

REMARKS: _____

REPORTING DRIVER: _____	Date <u>4/25/14</u>	MAINTENANCE ACTION: _____	Date _____
Name _____	Emp. _____	Repairs Made <input type="checkbox"/>	No Repairs Needed <input type="checkbox"/>
REVIEWING DRIVER: _____	Date _____	R.O.#S _____	Certified By: _____
Name _____	Emp. No. _____	Location: _____	

SHOP REMARKS: _____

DRIVER'S INSPECTION REPORT

White - Fleet Safety
Canary - Maintenance

WAL-MART TRANSPORTATION, LLC
BENTONVILLE, AR 72712

COMPLETION OF THIS REPORT REQUIRED BY FEDERAL LAW, 49 CFR 396.11 & 396.13.

Mileage (No Tenths)

Truck or Tractor No. 02568 336625 Trailer No. 107397

Dolly No. _____ Trailer No. _____ Transportation Office SMYRNA DE
ATAVMRS System Code Numbers for Shop Use Only CHECK DEFECTS ONLY. Explain under REMARKS.

POWER UNIT		
GENERAL CONDITION <input type="checkbox"/> 02 Cab/Doors/Windows <input type="checkbox"/> 02 Body/Doors <input type="checkbox"/> Oil Leak _____ <input type="checkbox"/> Grease Leak _____ <input type="checkbox"/> 42 Coolant Leak <input type="checkbox"/> 44 Fuel Leak <input type="checkbox"/> Other _____ <div style="text-align: center; font-size: small;">(IDENTIFY)</div>	IN-CAB <input type="checkbox"/> 03 Gauges/Warning Indicators <input type="checkbox"/> 02 Windshield Wipers/Washers <input type="checkbox"/> 54 Horns <input type="checkbox"/> 01 Heater/Defroster <input type="checkbox"/> 02 Mirrors <input type="checkbox"/> 15 Steering <input type="checkbox"/> 23 Clutch <input type="checkbox"/> 13 Service Brakes <input type="checkbox"/> 13 Parking Brake <input type="checkbox"/> 13 Emergency Brakes <input type="checkbox"/> 53 Triangles <input type="checkbox"/> 53 Fire Extinguisher <input type="checkbox"/> 53 Other Safety Equipment <input type="checkbox"/> 34 Spare Fuses <input type="checkbox"/> 02 Seat Belts <input type="checkbox"/> Other _____ <div style="text-align: center; font-size: small;">(IDENTIFY)</div>	EXTERIOR <input type="checkbox"/> 34 Lights <input type="checkbox"/> 34 Reflectors <input type="checkbox"/> 16 Suspension <input type="checkbox"/> 17 Tires <input type="checkbox"/> 18 Wheels/Rims/Lugs <input type="checkbox"/> 32 Battery <input type="checkbox"/> 43 Exhaust <input type="checkbox"/> 13 Brakes <input type="checkbox"/> 13 Air Lines <input type="checkbox"/> 34 Light Line <input type="checkbox"/> 49 Fifth-Wheel <input type="checkbox"/> 49 Other Coupling <input type="checkbox"/> 71 Tie-Downs <input type="checkbox"/> 14 Rear-End Protection <input type="checkbox"/> Other _____ <div style="text-align: center; font-size: small;">(IDENTIFY)</div>
<input checked="" type="checkbox"/> NO DEFECTS		

TOWED UNIT(S)		
<input type="checkbox"/> 71 Body/Doors <input type="checkbox"/> 71 Tie-Downs <input type="checkbox"/> 34 Lights <input type="checkbox"/> 34 Reflectors	<input type="checkbox"/> 16 Suspension <input type="checkbox"/> 17 Tires <input type="checkbox"/> 18 Wheels/Rims/Lugs <input type="checkbox"/> 13 Brakes	<input type="checkbox"/> 77 Landing Gear <input type="checkbox"/> 59 King Pin/Upper Plate <input type="checkbox"/> 59 Fifth-Wheel (Dolly) <input type="checkbox"/> 59 Other Coupling Devices <div style="text-align: center; font-size: small;">(IDENTIFY)</div>
<input checked="" type="checkbox"/> NO DEFECTS		

REMARKS: _____

REPORTING DRIVER: Name: _____ Date: <u>4/26/14</u> Emp. No.: _____	MAINTENANCE ACTION: Date: _____ Repairs Made <input type="checkbox"/> No Repairs Needed <input type="checkbox"/> A.O.#S: _____
REVIEWING DRIVER: Name: _____ Date: _____ Emp. No.: _____	Certified By: _____ Location: _____

SHOP REMARKS: _____

DRIVER'S INSPECTION REPORT

White - Fleet Safety
Canary - Maintenance

WAL-MART TRANSPORTATION, LLC
BENTONVILLE, AR 72712

COMPLETION OF THIS REPORT REQUIRED BY FEDERAL LAW, 49 CFR 395.11 & 395.13.

Mileage (No Tenths)

Truck or Tractor No. 2568 336941 Trailer No. 104859

Dolly No. _____ Trailer No. _____ Transportation Office Smyrna DE
ATAVMRS System Code Numbers for Shop Use Only CHECK DEFECTS ONLY. Explain under REMARKS.

POWER UNIT		
GENERAL CONDITION <input type="checkbox"/> 02 Cab/Doors/Windows <input type="checkbox"/> 02 Body/Doors <input type="checkbox"/> ___ Oil Leak _____ <input type="checkbox"/> ___ Grease Leak _____ <input type="checkbox"/> 42 Coolant Leak <input type="checkbox"/> 44 Fuel Leak <input type="checkbox"/> ___ Other _____ <p style="text-align: center;">(IDENTIFY)</p>	IN-CAB <input type="checkbox"/> 03 Gauges/Warning Indicators <input type="checkbox"/> 02 Windshield Wipers/Washers <input type="checkbox"/> 54 Horns <input type="checkbox"/> 01 Heater/Defroster <input type="checkbox"/> 02 Mirrors <input type="checkbox"/> 15 Steering <input type="checkbox"/> 23 Clutch <input type="checkbox"/> 13 Service Brakes <input type="checkbox"/> 13 Parking Brake <input type="checkbox"/> 13 Emergency Brakes <input type="checkbox"/> 53 Triangles <input type="checkbox"/> 53 Fire Extinguisher <input type="checkbox"/> 53 Other Safety Equipment <input type="checkbox"/> 34 Spare Fuses <input type="checkbox"/> 02 Seat Belts <input type="checkbox"/> ___ Other _____ <p style="text-align: center;">(IDENTIFY)</p>	EXTERIOR <input type="checkbox"/> 34 Lights <input type="checkbox"/> 34 Reflectors <input type="checkbox"/> 16 Suspension <input type="checkbox"/> 17 Tires <input type="checkbox"/> 18 Wheels/Rims/Lugs <input type="checkbox"/> 32 Battery <input type="checkbox"/> 43 Exhaust <input type="checkbox"/> 13 Brakes <input type="checkbox"/> 13 Air Lines <input type="checkbox"/> 34 Light Line <input type="checkbox"/> 49 Fifth-Wheel <input type="checkbox"/> 49 Other Coupling <input type="checkbox"/> 71 Tie-Downs <input type="checkbox"/> 14 Rear-End Protection <input type="checkbox"/> ___ Other _____ <p style="text-align: center;">(IDENTIFY)</p>
(IDENTIFY)		<input checked="" type="checkbox"/> NO DEFECTS

TOWED UNIT(S)		
<input type="checkbox"/> 71 Body/Doors <input type="checkbox"/> 71 Tie-Downs <input type="checkbox"/> 34 Lights <input type="checkbox"/> 34 Reflectors	<input type="checkbox"/> 16 Suspension <input type="checkbox"/> 17 Tires <input type="checkbox"/> 18 Wheels/Rims/Lugs <input type="checkbox"/> 13 Brakes	<input type="checkbox"/> 77 Landing Gear <input type="checkbox"/> 59 King Pin/Upper Plate <input type="checkbox"/> 59 Fifth-Wheel (Dolly) <input type="checkbox"/> 59 Other Coupling Devices
(IDENTIFY)		<input checked="" type="checkbox"/> NO DEFECTS

REMARKS: _____

REPORTING DRIVER: _____ Date <u>4-29-14</u> Name: _____ Emp. #: _____	MAINTENANCE ACTION: _____ Date _____ Repairs Made <input type="checkbox"/> No Repairs Needed <input type="checkbox"/> P.O.#S _____
REVIEWING DRIVER: _____ Date _____ Name: _____ Emp. No. _____	Certified By: _____ Location: _____

SHOP REMARKS: _____

DRIVER'S INSPECTION REPORT

White - Fleet Safety
Canary - Maintenance

WAL-MART TRANSPORTATION, LLC
BENTONVILLE, AR 72712

COMPLETION OF THIS REPORT REQUIRED BY FEDERAL LAW, 49 CFR 396.11 & 396.13.

Truck or Tractor No. 2569 Mileage (No Tenths) 337083 Trailer No. 104859

Dolly No. _____ Trailer No. _____ Transportation Office Samuel DE
ATA/VMSR System Code Numbers for Shop Use Only CHECK DEFECTS ONLY. Explain under REMARKS.

POWER UNIT		
GENERAL CONDITION <input type="checkbox"/> 02 Cab/Doors/Windows <input type="checkbox"/> 02 Body/Doors <input type="checkbox"/> Oil Leak _____ <input type="checkbox"/> Grease Leak _____ <input type="checkbox"/> 42 Coolant Leak <input type="checkbox"/> 44 Fuel Leak <input type="checkbox"/> Other _____ <p style="text-align: center;">(IDENTIFY)</p>	IN-CAB <input type="checkbox"/> 03 Gauges/Warning Indicators <input type="checkbox"/> 02 Windshield Wipers/Washers <input type="checkbox"/> 54 Horns <input type="checkbox"/> 01 Heater/Defroster <input type="checkbox"/> 02 Mirrors <input type="checkbox"/> 15 Steering <input type="checkbox"/> 23 Clutch <input type="checkbox"/> 13 Service Brakes <input type="checkbox"/> 13 Parking Brake <input type="checkbox"/> 13 Emergency Brakes <input type="checkbox"/> 53 Triangles <input type="checkbox"/> 53 Fire Extinguisher <input type="checkbox"/> 53 Other Safety Equipment <input type="checkbox"/> 34 Spare Fuses <input type="checkbox"/> 02 Seat Belts <input type="checkbox"/> Other _____ <p style="text-align: center;">(IDENTIFY)</p>	EXTERIOR <input type="checkbox"/> 34 Lights <input type="checkbox"/> 34 Reflectors <input type="checkbox"/> 16 Suspension <input type="checkbox"/> 17 Tires <input type="checkbox"/> 18 Wheels/Rims/Lugs <input type="checkbox"/> 32 Battery <input type="checkbox"/> 43 Exhaust <input type="checkbox"/> 13 Brakes <input type="checkbox"/> 13 Air Lines <input type="checkbox"/> 34 Light Line <input type="checkbox"/> 49 Fifth-Wheel <input type="checkbox"/> 49 Other Coupling <input type="checkbox"/> 71 Tie-Downs <input type="checkbox"/> 14 Rear-End Protection <input type="checkbox"/> Other _____ <p style="text-align: center;">(IDENTIFY)</p>
<input checked="" type="checkbox"/> NO DEFECTS		

TOWED UNIT(S)			
<input type="checkbox"/> 71 Body/Doors <input type="checkbox"/> 71 Tie-Downs <input type="checkbox"/> 34 Lights <input type="checkbox"/> 34 Reflectors	<input type="checkbox"/> 16 Suspension <input type="checkbox"/> 17 Tires <input type="checkbox"/> 18 Wheels/Rims/Lugs <input type="checkbox"/> 13 Brakes	<input type="checkbox"/> 77 Landing Gear <input type="checkbox"/> 59 King Pin/Upper Plate <input type="checkbox"/> 59 Fifth-Wheel (Dolly) <input type="checkbox"/> 59 Other Coupling Devices	<input type="checkbox"/> 79 Rear-End Protection <input type="checkbox"/> Other _____ <p style="text-align: center;">(IDENTIFY)</p>
<input checked="" type="checkbox"/> NO DEFECTS			

REMARKS: _____

REPORTING DRIVER: Name _____ Date <u>7-30-14</u>	MAINTENANCE ACTION: Date _____ Repairs Made <input type="checkbox"/> No Repairs Needed <input type="checkbox"/>	REVIEWING DRIVER: Name _____ Date _____ Emp. No. _____ Certified By: _____ Location: _____
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SHOP REMARKS: _____

DRIVER'S INSPECTION REPORT

White - Fleet Safety
Canary - Maintenance

WAL-MART TRANSPORTATION, LLC
BENTONVILLE, AR 72712

COMPLETION OF THIS REPORT REQUIRED BY FEDERAL LAW, 49 CFR 396.11 & 396.13.

Truck or
Tractor No. 02568

Mileage (No. Tenths) 347869

Trailer No. LD9748

Dolly No. _____

Trailer No. _____

Transportation Office _____

ATAVMRS System Code Numbers for Shop Use Only _____

CHECK DEFECTS ONLY

SM/MS/MS/MS/MS/MS/MS

POWER UNIT		
GENERAL CONDITION <input type="checkbox"/> 02 Cab/Doors/Windows <input type="checkbox"/> 02 Body/Doors <input type="checkbox"/> Oil Leak _____ <input type="checkbox"/> Grease Leak _____ <input type="checkbox"/> 42 Coolant Leak <input type="checkbox"/> 44 Fuel Leak <input type="checkbox"/> Other _____ <p style="text-align: center;">(IDENTIFY)</p>	IN-CAB <input type="checkbox"/> 03 Gauges/Warning Indicators <input type="checkbox"/> 02 Windshield Wipers/Washers <input type="checkbox"/> 54 Horns <input type="checkbox"/> 01 Heater/Defroster <input type="checkbox"/> 02 Mirrors <input type="checkbox"/> 15 Steering <input type="checkbox"/> 23 Clutch <input type="checkbox"/> 13 Service Brakes <input type="checkbox"/> 13 Parking Brake <input type="checkbox"/> 13 Emergency Brakes <input type="checkbox"/> 53 Triangles <input type="checkbox"/> 53 Fire Extinguisher <input type="checkbox"/> 53 Other Safety Equipment <input type="checkbox"/> 34 Spare Fuses <input type="checkbox"/> 02 Seat Belts <input type="checkbox"/> Other _____ <p style="text-align: center;">(IDENTIFY)</p>	EXTERIOR <input type="checkbox"/> 34 Lights <input type="checkbox"/> 34 Reflectors <input type="checkbox"/> 16 Suspension <input type="checkbox"/> 17 Tires <input type="checkbox"/> 18 Wheels/Rims/Lugs <input type="checkbox"/> 32 Battery <input type="checkbox"/> 43 Exhaust <input type="checkbox"/> 13 Brakes <input type="checkbox"/> 13 Air Lines <input type="checkbox"/> 34 Light Line <input type="checkbox"/> 49 Fifth-Wheel <input type="checkbox"/> 49 Other Coupling <input type="checkbox"/> 71 Tie-Downs <input type="checkbox"/> 14 Rear-End Protection <input type="checkbox"/> Other _____ <p style="text-align: center;">(IDENTIFY)</p>
<input checked="" type="checkbox"/> NO DEFECTS		

TOWED UNIT(S)			
<input type="checkbox"/> 71 Body/Doors <input type="checkbox"/> 71 Tie-Downs <input type="checkbox"/> 34 Lights <input type="checkbox"/> 34 Reflectors	<input type="checkbox"/> 16 Suspension <input type="checkbox"/> 17 Tires <input type="checkbox"/> 18 Wheels/Rims/Lugs <input type="checkbox"/> 13 Brakes	<input type="checkbox"/> 77 Landing Gear <input type="checkbox"/> 59 King Pin/Upper Plate <input type="checkbox"/> 59 Fifth-Wheel (Dolly) <input type="checkbox"/> 59 Other Coupling Devices	<input type="checkbox"/> 79 Rear-End Protection <input type="checkbox"/> Other _____ <p style="text-align: center;">(IDENTIFY)</p>
<input checked="" type="checkbox"/> NO DEFECTS			

REMARKS: _____

REPORTING DRIVER: _____ Date: 6/2/14

MAINTENANCE ACTION: Repairs Made No Repairs Needed

REVIEWING DRIVER: _____ Date: _____ Certified By: _____

Name: _____ Emp. No.: _____ Location: _____

SHOP REMARKS: _____

White - Fleet Safety
Canary - Maintenance

DRIVER'S INSPECTION REPORT

WAL-MART TRANSPORTATION, LLC
BENTONVILLE, AR 72712

COMPLETION OF THIS REPORT REQUIRED BY FEDERAL LAW, 49 CFR 396.11 & 396.13.

Truck or Tractor No. 02568 Mileage (No Tenths) 348413 Trailer No. 102825

Dolly No. _____ Trailer No. _____ Transportation Office WALMART
ATA/VMRS System Code Numbers for Shop Use Only CHECK DEFECTS ONLY Explain under REMARKS.

POWER UNIT		
GENERAL CONDITION	IN-CAB	EXTERIOR
<input type="checkbox"/> 02 Cab/Doors/Windows	<input type="checkbox"/> 03 Gauges/Warning Indicators	<input type="checkbox"/> 34 Lights
<input type="checkbox"/> 02 Body/Doors	<input type="checkbox"/> 02 Windshield Wipers/Washers	<input type="checkbox"/> 34 Reflectors
<input type="checkbox"/> Oil Leak _____	<input type="checkbox"/> 54 Horns	<input type="checkbox"/> 16 Suspension
<input type="checkbox"/> Grease Leak _____	<input type="checkbox"/> 01 Heater/Defroster	<input type="checkbox"/> 17 Tires
<input type="checkbox"/> 42 Coolant Leak	<input type="checkbox"/> 02 Mirrors	<input type="checkbox"/> 18 Wheels/Rims/Lugs
<input type="checkbox"/> 44 Fuel Leak	<input type="checkbox"/> 15 Steering	<input type="checkbox"/> 32 Battery
<input type="checkbox"/> Other _____	<input type="checkbox"/> 23 Clutch	<input type="checkbox"/> 43 Exhaust
(IDENTIFY)	<input type="checkbox"/> 13 Service Brakes	<input type="checkbox"/> 13 Brakes
	<input type="checkbox"/> 13 Parking Brake	<input type="checkbox"/> 13 Air Lines
	<input type="checkbox"/> 13 Emergency Brakes	<input type="checkbox"/> 34 Light Line
ENGINE COMPARTMENT	<input type="checkbox"/> 53 Triangles	<input type="checkbox"/> 49 Fifth-Wheel
<input type="checkbox"/> 45 Oil Level	<input type="checkbox"/> 53 Fire Extinguisher	<input type="checkbox"/> 49 Other Coupling
<input type="checkbox"/> 42 Coolant Level	<input type="checkbox"/> 53 Other Safety Equipment	<input type="checkbox"/> 71 Tie-Downs
<input type="checkbox"/> Belts _____	<input type="checkbox"/> 34 Spare Fuses	<input type="checkbox"/> 14 Rear-End Protection
<input type="checkbox"/> Other _____	<input type="checkbox"/> 02 Seat Belts	<input type="checkbox"/> Other _____
(IDENTIFY)	<input type="checkbox"/> Other _____	(IDENTIFY)
	(IDENTIFY)	<input type="checkbox"/> NO DEFECTS

TOWED UNIT(S)			
<input type="checkbox"/> 71 Body/Doors	<input type="checkbox"/> 16 Suspension	<input type="checkbox"/> 77 Landing Gear	<input type="checkbox"/> 79 Rear-End Protection
<input type="checkbox"/> 71 Tie-Downs	<input type="checkbox"/> 17 Tires	<input type="checkbox"/> 59 King Pin/Upper Plate	<input type="checkbox"/> Other _____
<input type="checkbox"/> 34 Lights	<input type="checkbox"/> 18 Wheels/Rims/Lugs	<input type="checkbox"/> 59 Fifth-Wheel (Dolly)	(IDENTIFY)
<input type="checkbox"/> 34 Reflectors	<input type="checkbox"/> 13 Brakes	<input type="checkbox"/> 59 Other Coupling Devices	<input checked="" type="checkbox"/> NO DEFECTS

REMARKS: _____

MAINTENANCE ACTION: Date _____
 Repairs Made No Repairs Needed
 R.O.#S _____
 Certified By: _____
 Name _____ Emp. No. _____ Location: _____

SHOP REMARKS: _____

DRIVER'S INSPECTION REPORT

White - Fleet Safety
Canary - Maintenance

WAL-MART TRANSPORTATION, LLC
BENTONVILLE, AR 72712

COMPLETION OF THIS REPORT REQUIRED BY FEDERAL LAW, 49 CFR 396.11 & 396.13.

Truck or Tractor No. 02568 Mileage (No Tenths) 348970 Trailer No. 64940
 Dolly No. _____ Trailer No. _____ Transportation Title MYRND3
 ATAVMRS System Code Numbers for Shop Use Only CHECK DEFECTS ONLY Explain under REMARKS.

POWER UNIT		
GENERAL CONDITION <input type="checkbox"/> 02 Cab/Doors/Windows <input type="checkbox"/> 02 Body/Doors <input type="checkbox"/> Oil Leak _____ <input type="checkbox"/> Grease Leak _____ <input type="checkbox"/> 42 Coolant Leak <input type="checkbox"/> 44 Fuel Leak <input type="checkbox"/> Other _____ <p style="text-align: center;">(IDENTIFY)</p>	IN-CAB <input type="checkbox"/> 03 Gauges/Warning Indicators <input type="checkbox"/> 02 Windshield Wipers/Washers <input type="checkbox"/> 54 Horns <input type="checkbox"/> 01 Heater/Defroster <input type="checkbox"/> 02 Mirrors <input type="checkbox"/> 15 Steering <input type="checkbox"/> 23 Clutch <input type="checkbox"/> 13 Service Brakes <input type="checkbox"/> 13 Parking Brake <input type="checkbox"/> 13 Emergency Brakes <input type="checkbox"/> 53 Triangles <input type="checkbox"/> 53 Fire Extinguisher <input type="checkbox"/> 53 Other Safety Equipment <input type="checkbox"/> 34 Spare Fuses <input type="checkbox"/> 02 Seat Belts <input type="checkbox"/> Other _____ <p style="text-align: center;">(IDENTIFY)</p>	EXTERIOR <input type="checkbox"/> 34 Lights <input type="checkbox"/> 34 Reflectors <input type="checkbox"/> 16 Suspension <input type="checkbox"/> 17 Tires <input type="checkbox"/> 18 Wheels/Rims/Lugs <input type="checkbox"/> 32 Battery <input type="checkbox"/> 43 Exhaust <input type="checkbox"/> 13 Brakes <input type="checkbox"/> 13 Air Lines <input type="checkbox"/> 34 Light Line <input type="checkbox"/> 49 Fifth-Wheel <input type="checkbox"/> 49 Other Coupling <input type="checkbox"/> 71 Tie-Downs <input type="checkbox"/> 14 Rear-End Protection <input type="checkbox"/> Other _____ <p style="text-align: center;">(IDENTIFY)</p>
<input type="checkbox"/> NO DEFECTS		

TOWED UNIT(S)			
<input type="checkbox"/> 71 Body/Doors <input type="checkbox"/> 71 Tie-Downs <input type="checkbox"/> 34 Lights <input type="checkbox"/> 34 Reflectors	<input type="checkbox"/> 16 Suspension <input type="checkbox"/> 17 Tires <input type="checkbox"/> 18 Wheels/Rims/Lugs <input type="checkbox"/> 13 Brakes	<input type="checkbox"/> 77 Landing Gear <input type="checkbox"/> 59 King Pin/Upper Plate <input type="checkbox"/> 59 Fifth-Wheel (Dolly) <input type="checkbox"/> 59 Other Coupling Devices	<input type="checkbox"/> 79 Rear-End Protection <input type="checkbox"/> Other _____ <p style="text-align: center;">(IDENTIFY)</p>
<input type="checkbox"/> NO DEFECTS			

REMARKS: _____

REPORTING DRIVER: _____ Date 6/4/14 MAINTENANCE ACTION: Date _____
 Emp. No. _____ Repairs Made No Repairs Needed
 O.#S _____

REVIEWING DRIVER: _____ Date _____ Certified By: _____
 Name _____ Emp. No. _____ Location: _____

SHOP REMARKS: _____

DRIVER'S INSPECTION REPORT

White - Fleet Safety
Canary - Maintenance

WAL-MART TRANSPORTATION, LLC
BENTONVILLE, AR 72712

COMPLETION OF THIS REPORT REQUIRED BY FEDERAL LAW, 49 CFR 396.11 & 396.13.

Truck or Tractor No. 02568 Mileage (No Tenths) 349481 Trailer No. 131709
 Dolly No. _____ Trailer No. _____
 ATAVMRS System Code Numbers for Shop Use Only _____ CHECK DEFECTS ONLY. Explain under REMARKS.

POWER UNIT		
GENERAL CONDITION <input type="checkbox"/> 02 Cab/Doors/Windows <input type="checkbox"/> 02 Body/Doors <input type="checkbox"/> Oil Leak _____ <input type="checkbox"/> Grease Leak _____ <input type="checkbox"/> 42 Coolant Leak <input type="checkbox"/> 44 Fuel Leak <input type="checkbox"/> Other _____ _____ (IDENTIFY)	IN-CAB <input type="checkbox"/> 03 Gauges/Warning Indicators <input type="checkbox"/> 02 Windshield Wipers/Washers <input type="checkbox"/> 54 Horns <input type="checkbox"/> 01 Heater/Defroster <input type="checkbox"/> 02 Mirrors <input type="checkbox"/> 15 Steering <input type="checkbox"/> 23 Clutch <input type="checkbox"/> 13 Service Brakes <input type="checkbox"/> 13 Parking Brake <input type="checkbox"/> 13 Emergency Brakes <input type="checkbox"/> 53 Triangles <input type="checkbox"/> 53 Fire Extinguisher <input type="checkbox"/> 53 Other Safety Equipment <input type="checkbox"/> 34 Spare Fuses <input type="checkbox"/> 02 Seat Belts <input type="checkbox"/> Other _____ _____ (IDENTIFY)	EXTERIOR <input type="checkbox"/> 34 Lights <input type="checkbox"/> 34 Reflectors <input type="checkbox"/> 16 Suspension <input type="checkbox"/> 17 Tires <input type="checkbox"/> 18 Wheels/Rims/Lugs <input type="checkbox"/> 32 Battery <input type="checkbox"/> 43 Exhaust <input type="checkbox"/> 13 Brakes <input type="checkbox"/> 13 Air Lines <input type="checkbox"/> 34 Light Line <input type="checkbox"/> 49 Fifth-Wheel <input type="checkbox"/> 49 Other Coupling <input type="checkbox"/> 71 Tie-Downs <input type="checkbox"/> 14 Rear-End Protection <input type="checkbox"/> Other _____ _____ (IDENTIFY)
<input type="checkbox"/> NO DEFECTS		

TOWED UNIT(S)			
<input type="checkbox"/> 71 Body/Doors	<input type="checkbox"/> 16 Suspension	<input type="checkbox"/> 77 Landing Gear	<input type="checkbox"/> 79 Rear-End Protection
<input type="checkbox"/> 71 Tie-Downs	<input type="checkbox"/> 17 Tires	<input type="checkbox"/> 59 King Pin/Upper Plate	<input type="checkbox"/> Other _____
<input type="checkbox"/> 34 Lights	<input type="checkbox"/> 18 Wheels/Rims/Lugs	<input type="checkbox"/> 59 Fifth-Wheel (Dolly)	_____ (IDENTIFY)
<input type="checkbox"/> 34 Reflectors	<input type="checkbox"/> 13 Brakes	<input type="checkbox"/> 59 Other Coupling Devices	<input type="checkbox"/> NO DEFECTS

REMARKS: _____

REPORTING DRIVER: _____ Date 6514

Name _____ Emp. No. _____

REVIEWING DRIVER: _____ Date _____

Name _____ Emp. No. _____

MAINTENANCE ACTION: Date _____

Repairs Made No Repairs Needed

R.O.#'S _____

Certified By: _____

Location: _____

SHOP REMARKS: _____
