

DVIR “DEFECTS ONLY”

			(am) / (pm)
Vehicle ID	Mileage In	Date	Time
Driver’s printed name		Driver’s signature	

“POST-TRIP” REPORT: At the conclusion of each day’s work, non-passenger carrying drivers are required by 49 CFR 396.11 to file this report only when any defect or deficiency has been reported by others or discovered by them for any vehicle they operated during the day with a GVWR or operating weight of more than 17,001 pounds. The driver must sign this report. A separate report must be prepared for each vehicle the driver operated found to have a defect or deficiency. Every employer shall certify on this original DVIR that the defect or deficiency has been repaired, or that repair is unnecessary, before this vehicle is able to be safely operated again. The employer shall maintain this original DVIR, the certification of any repairs, and the certification of the driver’s review for three months.

LIST OF DEFECTS:

REPAIR NEEDED	REPAIRED*	REPAIR NEEDED	REPAIR NOT REQUIRED	REPAIRED*
<input type="checkbox"/> Service brakes**	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Trailer brake connections	<input type="checkbox"/>
<input type="checkbox"/> Parking brake**	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Coupling devices	<input type="checkbox"/>
<input type="checkbox"/> Steering mechanism	<input type="checkbox"/>	<input type="checkbox"/>	Windshield Wipers	<input type="checkbox"/>
<input type="checkbox"/> Tires	<input type="checkbox"/>	<input type="checkbox"/>	Horn	<input type="checkbox"/>
<input type="checkbox"/> Emergency equip.	<input type="checkbox"/>	<input type="checkbox"/>	Wheels and Rims	<input type="checkbox"/>
<input type="checkbox"/> Rear-vision mirrors	<input type="checkbox"/>	<input type="checkbox"/>	Lighting and Reflectors	<input type="checkbox"/>

* For each completed repair indicated above, the person making the repair (the “mechanic”) must sign below certifying the repair was made.
 ** 49 CFR Part 396.25 requires that only qualified employee’s inspect, maintain, service, and repair brakes.

Mechanic’s signature	Mechanic’s printed name	Date of repair

EMPLOYER CAN CHECK IF REPAIR NOT REQUIRED, AND THEN SIGN BELOW CERTIFYING REPAIR NOT REQUIRED.

Employer’s representative signature	Employer’s representative printed name	Date of decision