

[FARM NAME] DRIVER VEHICLE INSPECTION REPORT

In compliance with the Nova Scotia Motor Vehicles Act

*Check mark indicates Ok – “X” indicates a defect. Note defect(s) below under Remarks

Make: _____ Model: _____ Plate #: _____

Record Pre-Use Daily	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Date: (MM/DD/YY)							
Start/End Time: (00:00 AM/PM)							
Location:							
Odometer Reading: (KM)							
Outside							
Frame & Cargo Body							
Exhaust System							
Fuel System							
Tires							
Wheels, Hubs, and Fasteners							
Suspension System							
Lights (vehicle & trailer)							
Coupling Device							
Mirrors & Glass							
Cargo Securement							
TDG Placards and Paperwork							
Trailer Hook Up							
Hydraulics Brake System							
Air Brake System							
Inside							
Cab							
Windshield Wiper & Washer							
Horn							
Steering & Driver Controls							
Heater/Defroster							
Driver Seat & Seat Belt							
Fire extinguisher, first aid kit and spill kit							
Electric Brake							
I declare that the vehicles listed above has been inspected in accordance with the applicable requirement of schedule 1.							
Driver (Print Name):							
Driver Signature:							

Defect & Body Damage Reported to: _____

Repairs Completed By: _____ Signature: _____

Remarks: 1. _____
2. _____

Vehicle Inspection Date: _____

Valid Insurance & Registration: Yes No

DISCLAIMER: This policy sheet example is provided by Farm Safety Nova Scotia as a general overview for information purposes only. Farmers are responsible for modifying the example to suit each individual farm.