

REFUSE VEHICLE INSPECTION REPORT

As required by the D.O.T. Federal Motor Carrier Safety Regulations 49 CFR §396.11 and §396.13.

No. **000000**

Company: _____ Date: _____ Time: _____ am pm

Location: _____ Odometer Reading _____ Vehicle No.: _____

Mileage End: _____ Hours End: _____

Driver: check (✓) item that needs repair. Mechanic: check (✓) when repaired. Start: _____ Start: _____

Prt = Pre-Trip, Pot = Post-Trip, Rep = Repaired

Total Today: _____ Total Today: _____

POWER UNIT		
GENERAL CONDITION Prt PotRep <input type="checkbox"/> <input type="checkbox"/> Cab/Doors/Windows <input type="checkbox"/> <input type="checkbox"/> Body/Doors <input type="checkbox"/> <input type="checkbox"/> Oil Leak _____ <input type="checkbox"/> <input type="checkbox"/> Grease Leak _____ <input type="checkbox"/> <input type="checkbox"/> Coolant Leak <input type="checkbox"/> <input type="checkbox"/> Fuel Leak <input type="checkbox"/> <input type="checkbox"/> Other _____ (IDENTIFY)	INTERIOR CAB Prt PotRep <input type="checkbox"/> <input type="checkbox"/> Gauges/Warning Indicator(s) <input type="checkbox"/> <input type="checkbox"/> Windshield Wiper(s)/Washer(s) <input type="checkbox"/> <input type="checkbox"/> Horn(s) <input type="checkbox"/> <input type="checkbox"/> Heater/Defroster <input type="checkbox"/> <input type="checkbox"/> Mirrors <input type="checkbox"/> <input type="checkbox"/> Steering <input type="checkbox"/> <input type="checkbox"/> Clutch <input type="checkbox"/> <input type="checkbox"/> Service Brakes <input type="checkbox"/> <input type="checkbox"/> Parking Brakes <input type="checkbox"/> <input type="checkbox"/> Emergency Brakes <input type="checkbox"/> <input type="checkbox"/> Triangles/Flares <input type="checkbox"/> <input type="checkbox"/> Fire Extinguisher <input type="checkbox"/> <input type="checkbox"/> Other Safety Equipment <input type="checkbox"/> <input type="checkbox"/> Spare Fuses <input type="checkbox"/> <input type="checkbox"/> Seat Belts	EXTERIOR Prt PotRep <input type="checkbox"/> <input type="checkbox"/> Lights <input type="checkbox"/> <input type="checkbox"/> Reflectors <input type="checkbox"/> <input type="checkbox"/> Suspension <input type="checkbox"/> <input type="checkbox"/> Tires <input type="checkbox"/> <input type="checkbox"/> Wheels/Rims/Lugs <input type="checkbox"/> <input type="checkbox"/> Battery <input type="checkbox"/> <input type="checkbox"/> Exhaust <input type="checkbox"/> <input type="checkbox"/> Brakes <input type="checkbox"/> <input type="checkbox"/> Air Lines <input type="checkbox"/> <input type="checkbox"/> Light Line <input type="checkbox"/> <input type="checkbox"/> Fifth Wheel <input type="checkbox"/> <input type="checkbox"/> Other Coupling <input type="checkbox"/> <input type="checkbox"/> Tiedowns <input type="checkbox"/> <input type="checkbox"/> Rear-End Protection <input type="checkbox"/> <input type="checkbox"/> Other _____
ENGINE COMPARTMENT <input type="checkbox"/> <input type="checkbox"/> Oil Level <input type="checkbox"/> <input type="checkbox"/> Coolant Level <input type="checkbox"/> <input type="checkbox"/> Belts <input type="checkbox"/> <input type="checkbox"/> Other _____ (IDENTIFY)		
Defects: <input type="checkbox"/> None <input type="checkbox"/> Mechanic Repaired (IDENTIFY)		
BODY		
Prt PotRep <input type="checkbox"/> <input type="checkbox"/> Left side <input type="checkbox"/> <input type="checkbox"/> Right side <input type="checkbox"/> <input type="checkbox"/> Front <input type="checkbox"/> <input type="checkbox"/> Rear <input type="checkbox"/> <input type="checkbox"/> Top door <input type="checkbox"/> <input type="checkbox"/> Pump leaks	<input type="checkbox"/> Hydraulic leaks <input type="checkbox"/> Cyl. <input type="checkbox"/> Line <input type="checkbox"/> Valve <input type="checkbox"/> Cyl. <input type="checkbox"/> Line <input type="checkbox"/> Valve <input type="checkbox"/> Cyl. <input type="checkbox"/> Line <input type="checkbox"/> Valve <input type="checkbox"/> Cyl. <input type="checkbox"/> Line <input type="checkbox"/> Valve <input type="checkbox"/> PTO leaks <input type="checkbox"/> Check fluid	Prt PotRep <input type="checkbox"/> <input type="checkbox"/> Won't pack correctly <input type="checkbox"/> <input type="checkbox"/> Broken or missing pins <input type="checkbox"/> <input type="checkbox"/> Loose body mounting bolts <input type="checkbox"/> <input type="checkbox"/> Broken turnbuckle <input type="checkbox"/> <input type="checkbox"/> Rear seals bad <input type="checkbox"/> <input type="checkbox"/> Packer panel <input type="checkbox"/> <input type="checkbox"/> Micro switches <input type="checkbox"/> <input type="checkbox"/> Control arms <input type="checkbox"/> <input type="checkbox"/> PTO cable & controls <input type="checkbox"/> <input type="checkbox"/> Cracks in body
Defects: <input type="checkbox"/> None <input type="checkbox"/> Mechanic Repaired (IDENTIFY)		

Tire Positions

Position _____

Flat _____

Low Air Pressure _____

Marginal Tread _____

Loose Lug Nuts _____

Cracks or Cuts _____

Grease Leaks _____

Other Damage _____

Added Fluids

	Amount
<input type="checkbox"/> Engine Oil	Qt. _____
<input type="checkbox"/> Coolant	Gal. _____
<input type="checkbox"/> Auto Trans.	Qt. _____
<input type="checkbox"/> Hydraulic	Gal. _____
<input type="checkbox"/> Other	_____

REMARKS: _____

CONDITION OF THE ABOVE VEHICLE IS SATISFACTORY ABOVE DEFECTS CORRECTED
 ABOVE DEFECTS NEED NOT BE CORRECTED FOR SAFE OPERATION OF VEHICLE

MECHANIC'S SIGNATURE: _____ DATE: _____

DRIVER'S SIGNATURE UPON COMPLETION OF POST-TRIP _____

DRIVER'S SIGNATURE: _____ DATE: _____

MARK CLEARLY ALL DAMAGE OR DEFICIENCIES FOUND BY USING THE FOLLOWING SYMBOL(S):

C = CUT B = BRUISE H = HOLE D = DENT BR = BROKEN M = MISSING S = SCRATCH P = PATCHED

Front Loading

Side Loading

Rear Loading

