

TUSD TRANSPORTATION VEHICLE INSPECTION REPORT

EMPLOYEE NAME:

DATE:

INSPECT ITEMS LISTED – IF DEFECTIVE, DO NOT DRIVE VEHICLE

<p>VEHICLE # MILEAGE:</p> <p>___ FLUID LEVELS (CHECK FOR LEAKS) ___ HORN, GAUGES AND WARNING LIGHTS ___ ALL EXTERIOR LIGHTS ___ CHECK ALL DOOR OPERATION ___ CHECK ALL SEAT BELTS ___ INSIDE & OUTSIDE MIRRORS ___ BRAKE TEST (stops properly) ___ WINDOWS/WINDSHIELD CONDITION ___ BODY DAMAGE (please note below) ___ CLEAN (free of litter/debris)</p>	<p>TRAILER #</p> <p>___ TIRES, WHEELS & LUGNUTS ___ LIGHTS AND TURN SIGNALS ___ FOUR WAY FLASHERS ___ SAFETY CHAINS ___ BREAKAWAY CABLE ATTACHED ___ WIRING CONNECTOR (Check for Damage) ___ ALARM (DROP DECK TRAILERS ONLY) ___ BRAKE TEST (stops properly) ___ WIRES TIED UP (BUNGEE CORD) ___ DUMP TRAILERS (BATTERY CHARGED) ___ WEIGHT ___ DAMAGE (please note below) ___ CLEAN (free of litter/debris)</p>
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PLEASE FILL OUT A REPAIR REQUEST IF A DISCREPANCY IS FOUND.

REMARKS:

CONDITION OF ABOVE EQUIPMENT AFTER USE IS:
____ **SATISFACTORY** ____ **UNSATISFACTORY** (Explain)

DRIVER'S SIGNATURE:

DATE: