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Form # 360

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DAILY DRIVER'S INSPECTION & VEHICLE CONDITION REPORT
(DOT 396.11—396.13)

V-

DATE

DISTRICT NUMBER _____ VEHICLE NUMBER _____ HOURS: FINISH _____ ODOMETER: FINISH _____
 DRIVER NAME (PRINT IN BLOCK LETTERS:) _____ START _____ STOP _____
 TOTAL _____ TOTAL _____

PRE-TRIP INSPECTION - DOT 396.13 (a)

☐ **Alarm Operation** (Check all appropriate alarms)

☐ EL Arm ☐ Park ☐ Back-up/Down ☐ Boom ☐ EL Arm ☐ Tag/Reverse ☐ Low Air Pres.

☐ 2010 Engine DEF Tank Filled

☐ Tires, Wheels and Rims

☐ Power Steering & Auto Trans Fluid

☐ Engine Oil, Fuel, and Coolant

☐ Service Brakes and All Connections

☐ Parking (hand) Brake (s)

☐ Steering Mechanism

☐ Horn (s)

☐ Instruments and Gauges

☐ Lights and Reflectors

☐ Emergency Equipment

☐ Windshield Wipers

☐ Rear Vision Camera, Mirrors, & Event Recorder

☐ Coupling Devices

☐ License Plate (s) and Registration

☐ Vehicle Damage

I have performed the above inspection and found each item in proper working order or I have noted defects below.

Driver's Signature _____ Date _____

POST-TRIP INSPECTION - DOT 396.11

☐ **Alarm Operation** (Check all appropriate alarms)

☐ EL Arm ☐ Park ☐ Back-up/Down ☐ Boom ☐ EL Arm ☐ Tag/Reverse ☐ Low Air Pres.

☐ Tires, Wheels and Rims

☐ Power Steering & Auto Trans Fluid

☐ Engine Oil, Fuel, and Coolant

☐ Service Brakes and All Connections

☐ Parking (hand) Brake (s)

☐ Steering Mechanism

☐ Horn (s)

☐ Instruments and Gauges

☐ Lights and Reflectors

☐ Emergency Equipment

☐ Windshield Wipers

☐ Rear Vision Camera, Mirrors, & Event Recorder

☐ Coupling Devices

☐ License Plate (s) and Registration

☐ Vehicle Damage

☐ Drain Air Tanks

I have performed the above inspection and found each item in proper working order or I have noted defects below.

Driver's Signature _____ Date _____

TOTAL

☐ Pre-Trip ☐ AM ☐ PM

☐ Diesel ☐ Gals./Ltrs.

☐ 2010 Engine DEF Fluid

☐ Gas

☐ CNG _____ Gals./Ltrs./Therms

PRE-TRIP TIRE PRESSURES

POST-TRIP TIRE PRESSURES

CHECK ALL DEFECTS

VEHICLE CONDITION REPORT

CHECK IF NO DEFECTS NOTED ☐

TIRES, WHEELS, & RIMS

☐ Flat

☐ Low Air Pressure

☐ Marginal Tread

☐ Loose Lug Nuts

☐ Cracks, Cuts, or Damage

☐ Grease Leaks

ENGINE

☐ Coolant Leaks

☐ Fuel Leaks

☐ Oil Leaks

☐ Misfires

☐ Overheats

☐ Noises

☐ Smoking

☐ Low Oil Pressure

BRAKES

☐ Service Brakes

☐ Parking Brakes

☐ Air/Hydraulic Leaks

☐ Pulls to Left/Right

STEERING

☐ Loose

☐ Shimmy

☐ Steers Hard

☐ Pulls Left/Right

INSTRUMENTS AND GAUGES

☐ Air Pressure Gauge / Alarm

☐ Amp Meter / Volt Gauge

☐ Temperature Gauge

☐ Oil Pressure Gauge

☐ Speedometer

INSTRUMENTS AND GAUGES (cont.)

☐ Tachometer

☐ Windshield Wipers / Washers

☐ Horn (s)

LIGHTS

☐ Headlights

☐ Stop & Tail Lights

☐ Turn Signals

☐ Marker Lights

☐ Reflectors

☐ Dash Lights

CAB CHAIRS

☐ Battery Box / Cover

☐ Doors

☐ Seat Belts

☐ Mirrors and Cab Glass

☐ Heater / Defroster

☐ Triangle Reflectors

☐ Fire Extinguisher

☐ Coupling Device (s)

☐ License Plate (s)

☐ Registration

☐ First Aid Kit

☐ Drive Cam Functionality

☐ Split Kit

SPRINGS

☐ Broken

☐ Loose U-Bolts

CLUTCH

☐ Noisy

☐ Slipping

☐ Adjust Clutch

☐ Clutch Brake

REAR AXLE

☐ Noisy

☐ Grease Leaks

DRIVE LINE

☐ Foreign Material

☐ Noisy

☐ Vibrations

TRANSMISSION

☐ Noisy

☐ Jumps Out of Gear

☐ Hard Shifting

☐ Grease Leaks

ELECTRICAL

☐ Will Not Start

☐ Will Not Charge

☐ Will Not Shut Down

BODY

☐ Hydraulic Leaks

☐ Left Side-Cyl

☐ Right Side-Cyl

☐ Fork-Cyl

	DAILY DRIVER'S INSPECTION & VEHICLE CONDITION REPORT (DOT 396.11-296.13) Rev. 1/2023	48561	DATE _____
SITE LOCATION: _____ DRIVER NAME (PRINT IN BLOCK LETTERS): _____	VEHICLE NUMBER: _____ HOURS : FINISH _____ START _____ TOTAL _____	ODOMETER : FINISH _____ START _____ TOTAL _____	

PRE-TRIP INSPECTION - DOT 396.13 (a)	POST-TRIP INSPECTION - DOT 396.11	FUEL AND FLUIDS
<input type="checkbox"/> Alarm Operation (Check all appropriate alarms) <input type="checkbox"/> JSL Arm <input type="checkbox"/> Fork <input type="checkbox"/> Hoist up/body <input type="checkbox"/> Boom <input type="checkbox"/> ASL Arm <input type="checkbox"/> Tailgate <input type="checkbox"/> Reverse <input type="checkbox"/> Low Air Pres. <input type="checkbox"/> 2010 Engine DEF Tank Filled <input type="checkbox"/> Tires, Wheels and Rims <input type="checkbox"/> Power Steering & Auto Trans Fluid <input type="checkbox"/> Engine Oil, Fuel, and Coolant <input type="checkbox"/> Service Brakes and All Connections <input type="checkbox"/> Parking (hand) Brake (s) <input type="checkbox"/> Steering Mechanism <input type="checkbox"/> Horn (s) <input type="checkbox"/> Instruments and Gauges <input type="checkbox"/> Lights and Reflectors <input type="checkbox"/> Emergency Equipment <input type="checkbox"/> Windshield Wipers <input type="checkbox"/> Rear Vision Camera, Mirrors, & Event Recorder <input type="checkbox"/> Coupling Devices <input type="checkbox"/> License Plate (s) and Registration <input type="checkbox"/> Vehicle Damage	<input type="checkbox"/> Alarm Operation (Check all appropriate alarms) <input type="checkbox"/> JSL Arm <input type="checkbox"/> Fork <input type="checkbox"/> Hoist up/body <input type="checkbox"/> Boom <input type="checkbox"/> ASL Arm <input type="checkbox"/> Tailgate <input type="checkbox"/> Reverse <input type="checkbox"/> Low Air Pres. <input type="checkbox"/> Tires, Wheels and Rims <input type="checkbox"/> Power Steering & Auto Trans Fluid <input type="checkbox"/> Engine Oil, Fuel, and Coolant <input type="checkbox"/> Service Brakes and All Connections <input type="checkbox"/> Parking (hand) Brake (s) <input type="checkbox"/> Steering Mechanism <input type="checkbox"/> Horn (s) <input type="checkbox"/> Instruments and Gauges <input type="checkbox"/> Lights and Reflectors <input type="checkbox"/> Emergency Equipment <input type="checkbox"/> Windshield Wipers <input type="checkbox"/> Rear Vision Camera, Mirrors, & Event Recorder <input type="checkbox"/> Coupling Devices <input type="checkbox"/> License Plate (s) and Registration <input type="checkbox"/> Vehicle Damage <input type="checkbox"/> Drain Air Tanks	<div style="text-align: right;"> <input type="checkbox"/> AM <input type="checkbox"/> PM </div> FUEL <input type="checkbox"/> Diesel _____ Gals./Ltrs. <input type="checkbox"/> Gas _____
		Power Steering Fluid _____ Gals./Ltrs. Anti-Freeze _____ Gals./Ltrs. Hydraulic Oil _____ Gals./Ltrs. Motor Oil _____ Gals./Ltrs. Auto Trans Fluid _____ Gals./Ltrs. DEF _____ Gals./Ltrs.

TIRE PRESSURES	TIRE PRESSURES
<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">2</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">6</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">10</div> </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">5</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">9</div> </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">4</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">8</div> </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">3</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">7</div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">2</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">6</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">10</div> </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">5</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">9</div> </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">4</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">8</div> </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">3</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">7</div> </div>
I have performed the above inspection and found each item in proper working order or I have noted defects below: Driver's Signature _____ Date _____	I have performed the above inspection and found each item in proper working order or I have noted defects below: Driver's Signature _____ Date _____

☐ **URGENT SAFETY REPAIRS NECESSARY**
 DESCRIPTION OF DEFECTS HERE: _____

MAINTENANCE DEPARTMENT COMMENTS

CORRECTIVE ACTION / REPAIRS MADE AS PER DOT 396.11 (1)
 I CERTIFY THAT: ☐ ITEMS NOTED DO NOT AFFECT THE SAFE OPERATION OF THIS VEHICLE.
☐ REPAIRS OF THE NOTED DEFECTS HAVE BEEN CORRECTED.

MECHANIC'S SIGNATURE: _____	DATE: _____ / _____ / _____
VEHICLE REPAIR ORDER NUMBER: _____	DATED: _____ / _____ / _____
I HAVE REVIEWED THIS VEHICLE CONDITION REPORT AS PER DOT 396.13 (b) & (c); DRIVER'S SIGNATURE: _____	DATE: _____ / _____ / _____

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MAINTENANCE FILE COPY

FORM # 300.

A

Daily Driver's Inspection & Vehicle Condition Report

B

Daily Driver's Inspection & Vehicle Condition Report

DVIR & VCR Pre/Post

Form # 360

Your Logo Here DAILY DRIVER'S INSPECTION & VEHICLE CONDITION REPORT (DOT 396.11 396.13) **V-**

DATE: _____

DISTRICT NUMBER: _____ VEHICLE NUMBER: _____ HOURS: Final _____ ODOMETER: Final _____

DRIVER NAME (PRINT IN BLOCK LETTERS): _____ START: _____ TOTAL: _____

DEF: _____ GALLONS: _____ Diesel ☐ GALLONS: _____

PRE-TRIP Truck # _____ **POST-TRIP** _____

☐ DEF Tank Filled ☐ ☒ = OK ☒ = NEEDS ATTENTION

☐ Tires, Wheels and Rims ☐ ☐ Alarm Operation (Check all appropriate alarms)

☐ Power Steering & Auto Trans Fluid ☐ ☐ FEL Arm ☐ Fork ☐ Hoist-up/Body ☐ Boom

☐ Engine Oil, Fuel, and Coolant ☐ ☐ HSL Arm ☐ Tailgate ☐ Reverse ☐ Low Air Pres.

☐ Parking (hand) Brake (s) ☐ ☐ Steering Mechanism

☐ Horn (s) ☐ ☐ Instruments and Gauges

☐ Lights and Reflectors ☐ ☐ Emergency Equipment

☐ Windshield Wipers ☐ ☐ Remote Vision Camera, Mirrors, & Event Recorder

☐ Coupling Devices ☐ ☐ License Plate (s) and Registration

☐ Vehicle Damage ☐ ☐ Down Air Tanks

I have performed the above inspection and found each item in proper working order or I have noted defects below.

PRE-TRIP INSPECTION - DOT 396.13 (a) **POST-TRIP INSPECTION - DOT 396.11**

Driver Signature _____ Date: _____ Driver Signature _____ Date: _____

CHECK ALL DEFECTS **VEHICLE CONDITION REPORT** **CHECK IF NO DEFECTS NOTED** ☐

TIRES, WHEELS, & RIMS **STEERING** **CAB / CHASSIS** **REAR AXLE** **BODY (post)**

☐ Flat ☐ Loose ☐ Noisy ☐ Will Not Pack Properly

☐ Low Air Pressure ☐ Shimmy ☐ Doors ☐ Damaged Pins

☐ Marginal Tread ☐ Steering Hard ☐ Seat Belts ☐ Tumble ☐ Damaged Pins

☐ Loose Lug Nuts ☐ Pulls to Left / Right ☐ Mirrors and Cab Glass ☐ Hydraulic Controls

☐ Cracks, Cuts, or Damage ☐ Foreign Material ☐ Noisy ☐ Pump Leaks

☐ Grease Leaks ☐ Air Pressure Gauge / Alarm ☐ Noisy ☐ PTO Leaks

INSTRUMENTS AND GAUGES **TRANSMISSION** **ESCAPES** **REAR AXLE** **BODY (post)**

☐ Air Pressure Gauge / Alarm ☐ Amp Meter / Volt Gauge ☐ Temperature Gauge ☐ Oil Pressure Gauge ☐ Speedometer

☐ Coupling Device (s) ☐ Heater / Defroster ☐ Triangle Reflectors ☐ License Plate (s) ☐ Registration

☐ Fire Extinguisher ☐ First Aid Kit ☐ Drive Cam Functionality ☐ Horn (s) ☐ Spill Kit

☐ Windshield Wipers / Washers ☐ Broken ☐ Loose U-Bolts

☐ Low Oil Pressure ☐ Headlights ☐ Stop & Tail Lights ☐ Turn Signals

☐ Service Brakes ☐ Marker Lights ☐ Reflectors

☐ Parking Brakes ☐ Dash Lights

☐ Air / Hydraulic Leaks ☐ Pulls to Left / Right

COMMENTS - REQUIRED FOR ALL DEFECTS - BE SPECIFIC:

CORRECTIVE ACTION I CERTIFY THAT: ☐ REPAIRS OF THE NOTED DEFECTS HAVE BEEN CORRECTED.

☐ ITEMS NOTED DO NOT AFFECT THE SAFE OPERATION OF THIS VEHICLE.

TECHNICIAN'S COMMENTS _____

MECHANIC'S SIGNATURE: _____ DATE: _____

VEHICLE REPAIR ORDER NUMBER: _____ DATED: _____

I HAVE REVIEWED THIS VEHICLE CONDITION REPORT AS PER DOT 396.13 (b) & (c); DRIVER'S SIGNATURE: _____ DATE: _____

FORM # 360

C

Daily Driver's Inspection & Vehicle Condition Report

Your Logo Here INSPECCIÓN DIARIA DEL CHOFER Y INFORME DE LA CONDICIÓN DEL VEHÍCULO (DOT 396.11-396.13) **V-**

FECHA: _____

NUMERO DEL DISTRITO: _____ NUMERO DEL VEHICULO: _____ HORAS: Final _____ HORAS: Final _____

NOMBRE DEL CHOFER- ESCRIBALO EN LETRAS MAYÚSCULAS _____ Comienzo: _____ Comienzo: _____

TOTAL: _____ TOTAL: _____

INSPECCIÓN ANTES DEL VIAJE-DOT 396.13 (A) **INSPECCIÓN DESPUES DEL VIAJE-DOT 396.13 (A)** **PARA LA UTILIZACIÓN DEL DISTRITO LOCAL**

☐ Funcionamiento de alarma ☐ Funcionamiento de alarma

☐ Alarma FEL ☐ Picos ☐ Alarma FEL ☐ Picos

☐ Alarma ASL ☐ Porton ☐ Alarma ASL ☐ Porton

☐ Alarma de equipo montado ☐ Alarma de Botolón ☐ Alarma de equipo montado ☐ Alarma de Botolón

☐ Alarma de reversa ☐ Alarma de presión de aire bajo ☐ Alarma de reversa ☐ Alarma de presión de aire bajo

Llantas, ruedas, rines **Llantas, ruedas, rines** **Llantas, ruedas, rines**

☐ Aceite de transmisión automática ☐ Aceite de motor, combustible, refrigerante

☐ Aceite de motor, carburante, refrigerante ☐ Frenos y todas conexiones

☐ Freno de emergencia ☐ Freno de emergencia

☐ Mecanismo de manejo ☐ Mecanismo de manejo

☐ Claxon ☐ Claxon

☐ Instrumentos y indicadores ☐ Instrumentos y indicadores

☐ Luces y reflectores ☐ Luces y reflectores

☐ Equipo de emergencia ☐ Equipo de emergencia

☐ Limpiaaparabrisas ☐ Limpiaaparabrisas

☐ Espejos de vista atrás ☐ Espejos de vista atrás

☐ Ensamblaje / Equipo de ☐ Ensamblaje / Equipo de

☐ Patentes y matriculación ☐ Patentes y matriculación

☐ Daño del vehículo ☐ Daño del vehículo

☐ Vaciar tanques de aire ☐ Vaciar tanques de aire

☐ Alarma de la grua ROL operacional ☐ Alarma de la grua ROL operacional

☐ Alarma de brazos arriba FEL operacional ☐ Alarma de brazos arriba FEL operacional

☐ Alarma de marcha atrás operacional ☐ Alarma de marcha atrás operacional

Yo he hecho la inspección de arriba y he encontrado cada artículo en orden o he notado los defectos abajo.

Yo he hecho la inspección de arriba y he encontrado cada artículo en orden o he notado los defectos abajo.

Firma del chofer _____ Fecha: _____ Firma del chofer _____ Fecha: _____

INFORME DE LA CONDICIÓN DEL VEHICULO **CONDICIÓN DE LLANTAS** **REPARACIONES NECESARIAS Y URGENTES**

MARCA TODOS LOS DEFECTOS **INSTRUMENTOS Y INDICADORES (CONTINUADO)** **EJE TRASERO**

LLANTAS, RUEDAS, Y RINES **LUZES** **LUZES**

☐ Desinflado/Ponchado ☐ Limpiaaparabrisas

☐ Baja presión de aire ☐ Vocina

☐ Llantas legales ☐ Vocina

☐ Tuercas no apretados ☐ Luces delanteras

☐ Herduras, cortes o daño ☐ Luz de freno, luces traseras

☐ Escape de grasa ☐ Direccional

☐ Escape de aceite ☐ Luces de marcar

☐ Escape de anti congelante ☐ Refletores

☐ Escape de combustible ☐ Luces del tablero

☐ Escape de aceite ☐ Refletores triángulos

☐ Fallas de tiro ☐ Caja de batería/cubierta

☐ Recalentamientos ☐ Puertas

☐ Ruidos ☐ Cinturones de seguridad

☐ Humo ☐ Espejos y vidrios de la cabina

☐ Baja presión de aceite ☐ Calefacción/ descongelador

☐ Frenos regulares ☐ Refletores triángulos

☐ Frenos de emergencia ☐ Escapes de lubricante

☐ Escape hidráulico/ de aire ☐ Lado izquierdo

☐ Lado izquierdo ☐ Lado derecho

☐ Lado derecho ☐ Frente

☐ Matricula ☐ Atrás

☐ Botiquín de primeros auxilios ☐ Puerta arriba

☐ Funcionalidad de drivecam ☐ Puerta trasera

☐ Botiquín de derrame ☐ No empuja correctamente

☐ Chaveta ☐ Pernos dañados

☐ Tirante ☐ Tarabilla

☐ Jala a la izquierda/derecha ☐ Contróles hidráulicos

☐ Dardos que no estan apretados ☐ Escapes de la bomba

INSTRUMENTOS Y INDICADORES **EMBRAGUE** **CONDICIÓN DE LLANTAS**

☐ Alarma/indicador de presión de aire ☐ Ruidoso

☐ Medidor de impulso/indicador de voltaje ☐ Fijo

☐ Indicador de temperatura ☐ Ajustar el cloteche

☐ Indicador de presión de aceite ☐ Freno del cloteche

☐ Velocímetro ☐ Velocímetro

Acción correctiva/ reparaciones para Dot 396.11 (1)

Yo certifico que: ☐ Los artículos notados ni afectan la seguridad de la operación de este vehículo.

☐ Reparaciones de los defectos notados han sido corregidos.

Firma del mecanico _____ Fecha: _____

Número del orden de la reparación _____ Fecha: _____

Y he revisado la condición de este vehículo

Informe para DOT 396.13 (b) & (c); Firma del conductor _____ Fecha: _____

Copia del archivo de mantenimiento

Formulario #360S

D

Daily Driver's Inspection & Vehicle Condition Report (Spanish)

DVIR & VCR Pre/Post

Form # 360

Your Logo Here DAILY DRIVER'S INSPECTION & VEHICLE CONDITION REPORT (DOT 396.11 396.13) **V -**

DATE _____

DISTRICT NUMBER _____ VEHICLE NUMBER _____ HOURS: FROM _____ TO _____ ODOMETER: FROM _____ TO _____

DRIVER NAME (PRINT IN BLOCK LETTERS) _____

PRE-TRIP INSPECTION - DOT 396.13 (a)

☐ Alarm Operation (Check all appropriate alarms)
☐ Hoist-up/Body ☐ Reverse ☐ Low Air Pres.

☐ 2010 Engine DEF Tank Filled
☐ Tires, Wheels and Rims
☐ Power Steering
☐ Engine Oil, Fuel, and Coolant
☐ Service Brakes and All Connections
☐ Parking (hand) Brake (s)
☐ Steering Mechanism
☐ Horn (s)
☐ Instruments and Gauges
☐ Lights and Reflectors
☐ Emergency Equipment/ Safety
☐ Windshield Wipers
☐ Mirrors
☐ Coupling Devices
☐ License Plate (s) and Registration
☐ Vehicle Damage

I have performed the above inspection and found each item in proper working order or I have noted defects below.

Driver's Signature _____ Date _____

POST-TRIP INSPECTION - DOT 396.11

☐ Alarm Operation (Check all appropriate alarms)
☐ Hoist-up/Body ☐ Reverse ☐ Low Air Pres.

☐ Tires, Wheels and Rims
☐ Power Steering
☐ Engine Oil, Fuel, and Coolant
☐ Service Brakes and All Connections
☐ Parking (hand) Brake (s)
☐ Steering Mechanism
☐ Horn (s)
☐ Instruments and Gauges
☐ Lights and Reflectors
☐ Emergency Equipment/ Safety
☐ Windshield Wipers
☐ Mirrors
☐ Coupling Devices
☐ License Plate (s) and Registration
☐ Vehicle Damage

I have performed the above inspection and found each item in proper working order or I have noted defects below.

Driver's Signature _____ Date _____

FOR LOCAL DISTRICT USE

FUEL ☐ Diesel ☐ AM ☐ PM
☐ 2010 Engine DEF Fluid

Power Steering Fluid _____ Gals./Ltrs.
 Anti-Freeze _____ Gals./Ltrs.
 Hydraulic Oil _____ Gals./Ltrs.
 Motor Oil _____ Gals./Ltrs.
 Auto Trans Fluid _____ Gals./Ltrs.

☐ URGENT SAFETY REPAIRS NECESSARY
 DESCRIPTION OF DEFECTS HERE: _____

CHECK ALL DEFECTS

TIRES, WHEELS & RIMS
☐ Flat
☐ Low Air Pressure
☐ Marginal Tread
☐ Loose Lug Nuts
☐ Cracks, Cuts, or Damage
☐ Grease Leaks

ENGINE
☐ Coolant Leaks
☐ Fuel Leaks
☐ Oil Leaks
☐ Overheats
☐ Noises
☐ Smoking
☐ Low Oil Pressure

BRAKES
☐ Service Brakes
☐ Parking Brakes
☐ Air / Hydraulic Leaks
☐ Pulls to Left / Right

STEERING
☐ Loose
☐ Shimmy
☐ Steers Hard
☐ Pulls to Left / Right

INSTRUMENTS AND GAUGES
☐ Air Pressure Gauge Alarm
☐ Amp Meter / Volt Gauge
☐ Temperature Gauge
☐ Oil Pressure Gauge
☐ Speedometer

VEHICLE CONDITION REPORT (CONT.)

INSTRUMENTS AND GAUGES (cont.)
☐ Tachometer
☐ Windshield Wipers / Washers
☐ Horn (s)
☐ Lights
☐ Stop & Tail Lights
☐ Turn Signals
☐ Marker Lights
☐ Reflectors
☐ Dash Lights
☐ Cab / Chassis
☐ Battery Box / Cover
☐ Doors
☐ Seat Belts
☐ Mirrors and Cab Glass
☐ Heater / Defroster
☐ Triangle Reflectors
☐ Fire Extinguisher
☐ Coupling Device (s)
☐ License Plate (s)
☐ Registration
☐ First Aid Kit
☐ Drive Cam Functionality
☐ Spoil Kit

SPRINGS
☐ Broken
☐ Loose U-Bolts
☐ Squeaking
☐ Adjust Clutch
☐ Clutch Brake

CLUTCH
☐ Noisy
☐ Slipping

REAR AXLE
☐ Leaky
☐ Noisy

DRIVE LINE
☐ Noisy
☐ Vibrations

TRANSMISSION
☐ Noisy
☐ Jumps Out of Gear
☐ Hard Shifting
☐ Will Not Start
☐ Will Not Charge
☐ Will Not Shut Down

ELECTRICAL
☐ Alarm Operation (Check all appropriate alarms)
☐ Hoist-up/Body ☐ Reverse ☐ Low Air Pres.

BODY
☐ Hydraulic Leaks
☐ Left Side
☐ Right Side
☐ Hydraulic Controls
☐ Pump Leaks
☐ PTO Leaks
☐ Body Mounting bolts
☐ Hoist Cable
☐ Damaged Chains
☐ Pump Noisy
☐ PTO Noisy
☐ Hydraulic Level
☐ Crack / Damage on Body

TIRE CONDITION
☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

CORRECTIVE ACTION / REPAIRS MADE AS PER DOT 396.11 (1)
 I CERTIFY THAT: ☐ ITEMS NOTED DO NOT AFFECT THE SAFE OPERATION OF THIS VEHICLE.
☐ REPAIRS OF THE NOTED DEFECTS HAVE BEEN CORRECTED.

MECHANIC'S SIGNATURE: _____ DATE: _____

VEHICLE REPAIR ORDER NUMBER: _____ DATED: _____

I HAVE REVIEWED THIS VEHICLE CONDITION REPORT AS PER DOT 396.13 (b) & (c): DRIVER'S SIGNATURE: _____ DATE: _____

NORTH STAR FORMS LLC FORM # 360

E

Daily Driver's Inspection & Vehicle Condition Report, E

Your Logo Here DAILY DRIVER'S INSPECTION & VEHICLE CONDITION REPORT **FS - 01001**

DATE _____

DISTRICT NUMBER _____ VEHICLE NUMBER _____ TRAILER NUMBER _____ ODOMETER: FROM _____ TO _____

DRIVER NAME (PRINT IN BLOCK LETTERS) _____

FUEL ☐ Diesel ☐ Gals. ☐ 2010 Engine DEF Fluid

TRUCK INSPECTION - DOT 396.13(A)

☐ Alarm Operation (Check all appropriate alarms)
☐ Hoist-up/Body ☐ Low Air Pres.

☐ 2010 Engine DEF Tank Filled
☐ Tires, Wheels and Rims
☐ Power Steering & Auto Trans Fluid
☐ Engine Oil, Fuel, and Coolant
☐ Parking (hand) Brake(s)
☐ Steering Mechanism
☐ Horn(s)
☐ Instruments and Gauges
☐ Lights and Reflectors
☐ Emergency Equipment
☐ Windshield Wipers
☐ Mirrors & Event Recorder
☐ 5th Wheel, Coupling Devices
☐ License Plate(s) and Registration
☐ Vehicle Damage

I have performed the above inspection and found each item in proper working order or I have noted defects below.

Driver's Signature _____ Date _____

TRAILER

☐ Electric & Air Connections
☐ 5th Wheel Plate & Kingpin
☐ Ladders / Catwalks
☐ Lights
☐ Landing Gear
☐ Tires
☐ Brakes
☐ Wheels & Lugs
☐ Hub Oil
☐ Reflectors
☐ Stop, Turn & Tail Lights
☐ Mud Flaps
☐ Doors & Latches
☐ Taps / Stops / Cranks
☐ Frame & Crossmembers
☐ Springs/U-Bolts
☐ Electrical Wiring
☐ Airline & Hoses
☐ Hydraulic Leaks
☐ Walking Floor
☐ Fuel Level
☐ Oil Level
☐ Belts
☐ Hoses & Cables

REFRIG. UNIT (IF APPLICABLE)
☐ Fuel Level
☐ Oil Level
☐ Belts
☐ Hoses & Cables

TRUCK COMMENTS

TRAILER COMMENTS

CHECK ALL DEFECTS

TIRES, WHEELS & RIMS
☐ Flat
☐ Low Air Pressure
☐ Marginal Tread
☐ Loose Lug Nuts
☐ Cracks, Cuts, or Damage
☐ Hub Oil

ENGINE
☐ Coolant Leaks
☐ Fuel Leaks
☐ Oil Leaks
☐ Overheats
☐ Noises
☐ Low Oil Pressure

BRAKES
☐ Service Brakes
☐ Parking Brakes
☐ Air/Hydraulic Leaks
☐ Pulls to Left/Right

STEERING
☐ Loose
☐ Shimmy
☐ Steers Hard
☐ Pulls to Left/Right

INSTRUMENTS AND GAUGES
☐ Air Pressure Gauge/Alarm
☐ Amp Meter/Volt Gauge
☐ Temperature Gauge
☐ Oil Pressure Gauge
☐ Speedometer

VEHICLE/TRAILER CONDITION REPORT

INSTRUMENTS AND GAUGES (cont.)
☐ Tachometer
☐ Windshield Wipers / Washers
☐ Horn(s)
☐ Lights
☐ Stop & Tail Lights
☐ Turn Signals
☐ Marker Lights
☐ Reflectors
☐ Dash Lights
☐ Cab/Chassis
☐ Battery Box / Cover
☐ Doors
☐ Seat Belts
☐ Mirrors and Cab Glass
☐ Heater / Defroster
☐ Triangle Reflectors
☐ Fire Extinguisher
☐ License Plate(s)
☐ Registration
☐ First Aid Kit
☐ Drive Cam Functionality

SPRINGS
☐ Broken
☐ Loose U-Bolts

REAR AXLE
☐ Noisy
☐ Grease Leaks

DRIVE LINE
☐ Noisy
☐ Vibrations

TRANSMISSION
☐ Noisy
☐ Jumps Out of Gear
☐ Hard Shifting
☐ Adjust Clutch
☐ Clutch Brake
☐ Oil Leaks

BODY
☐ Hydraulic Leaks
☐ Hydraulic Cyl
☐ Rear Cyl
☐ Hydraulic Controls
☐ Pump Leaks
☐ PTO Leaks
☐ Body Mounting Bolts
☐ Pump Noisy
☐ PTO Noisy
☐ Tailgate Seal
☐ Crack/Damage on the Body
☐ Tarp Arms & Stops
☐ Tarp Condition

TIRE PRESSURES

TRUCK	TRAILER
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

CORRECTIVE ACTION / REPAIRS MADE AS PER DOT 396.11 (1)
 I CERTIFY THAT: ☐ ITEMS NOTED DO NOT AFFECT THE SAFE OPERATION OF THIS VEHICLE.
☐ REPAIRS OF THE NOTED DEFECTS HAVE BEEN CORRECTED.

MECHANIC'S SIGNATURE: _____ DATE: _____

VEHICLE REPAIR ORDER NUMBER: _____ DATED: _____

I HAVE REVIEWED THIS VEHICLE CONDITION REPORT AS PER DOT 396.13 (b) & (c): DRIVER'S SIGNATURE: _____ DATE: _____


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F

Daily Driver's Inspection & Vehicle Condition Report, F

DVIR & VCR Pre/Post

Form # 360



Your Logo Here

DRIVER VEHICLE INSPECTION REPORT (DVIR)

DATE: _____
 PLATE NO. _____
 LOCATION: _____
 FMVSA (Cam) DOT 396.11-396.13

DRIVER NAME
(PRINT IN BLOCK LETTERS):

ODOMETER:

ENGINE HOURS:

VEHICLE NUMBER:

MAKE:

START		START		FINISH		FINISH																					
PRE	POST	PRE	POST	PRE	POST	PRE	POST																				
TRIP INSPECTION		TRIP INSPECTION-TRAILER		VEHICLE FLUIDS																							
1. Engine Oil, Fuel & Coolant 2. Power Steering 3. Auto Tanks/Fuel 4. Throttle Air Tanks 5. Vehicle Damage, Load Security, Taper 6. Windshield Wiper, Windshield/ Windows 7. Rear Vision Mirrors 8. Emergency Equipment, Spill Kit, F. Ext. 9. Instruments & Gauges 10. Defroster/Heater 11. Horn (s) 12. Clutch 13. Steering Mechanism (s) 14. Parking (hand) Brake (s) 15. Service Brakes & All Connections 16. Hydraulic Brake Fluid 17. Lights & Reflectors 18. Strobe Light 19. Backup Alarm 20. Camera 21. Fuel System 22. Exhaust System 23. Coupling Devices 24. Lic. Plate (s), Reg. Ins., Permits 25. Tires, Wheels & Rims, Hub Oil, Lug Nuts 26. Seat belt/Restraint Security 27. Suspension 28. Frame		29. Trailer Unit Number 30. Tires, Wheels & Rims, Hub Oil 31. Service Brakes & All Connections 32. Lights & Reflectors 33. Coupling Devices 34. License Plate / Registration 35. Suspension 36. Frame 37. Tires, Doors, Autoport 38. Damage 39. Check IF NO DEFECT IS NOTED..... 40. INVOLVED IN AN ACCIDENT..... 41. I have performed the above pre/post-trip inspection and each item is in proper working order or I have noted the defects below. 42. PRE-TRIP _____ Time _____ Date _____ 43. Driver's Signature _____ 44. POST-TRIP _____ Time _____ Date _____ 45. Driver's Signature _____ 46. Inspected by: _____ 47. Current Driver: _____ 48. Inspected in accordance with this Regulation, 0 Reg. 190.95, c. 7(1).		Fuel _____ Power Steering Fluid _____ Antifreeze _____ Motor Oil _____ Auto Trans Fluid _____ Hydraulic Oil _____ CNG Pressure _____ Other _____ TIRE PRESSURE & CONDITION <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>LF</th> <th>RF</th> <th>RFL</th> <th>RPO</th> </tr> </thead> <tbody> <tr> <td>LFO</td> <td>LPI</td> <td>RPI</td> <td>RPO</td> </tr> <tr> <td>LFO</td> <td>LFI</td> <td>RFI</td> <td>RFO</td> </tr> <tr> <td>LRO</td> <td>LRI</td> <td>RRI</td> <td>RRO</td> </tr> <tr> <td>LTO</td> <td>LTI</td> <td>RTI</td> <td>RTO</td> </tr> </tbody> </table>				LF	RF	RFL	RPO	LFO	LPI	RPI	RPO	LFO	LFI	RFI	RFO	LRO	LRI	RRI	RRO	LTO	LTI	RTI	RTO
LF	RF	RFL	RPO																								
LFO	LPI	RPI	RPO																								
LFO	LFI	RFI	RFO																								
LRO	LRI	RRI	RRO																								
LTO	LTI	RTI	RTO																								
1. <input type="checkbox"/> DRIVECAM HAS BEEN REVIEWED AND OPERATING PROPERLY TIRES, WHEELS & RIMS 39. Flat 40. Low Air Pressure 41. Marginal Tread 42. Loose Lug Nuts 43. Cracks, Cuts or Damage 44. Grease Leaks ENGINE 45. Coolant Leaks 46. Fuel Leaks 47. Oil Leaks 48. Misses 49. Overheats 50. Noises 51. Smoking 52. Low Oil Pressure BRAKES 53. Service Brakes 54. Parking Brakes 55. Air / Hydraulic Leaks 56. Pulls to Left / Right STEERING 57. Loose 58. Shimmy 59. Steers Hard 60. Pulls to Left / Right		INSTRUMENTS & GAUGES 61. Air Pressure Gauge / Alarm 62. Amp Meter / Volt Gauge 63. Temperature Gauge 64. Oil Pressure Gauge 65. Speedometer 66. Tachometer 67. Windshield Wipers / Washers 68. Horn (s) LIGHTS 69. Headlights 70. Stop & Tail Lights 71. Turn Signals 72. Marker Lights 73. Reflectors 74. Dash Lights CAB / CHASSIS 75. Battery Box / Cover 76. Doors 77. Seat Belts 78. Mirrors & Cab Glass 79. Heater / Defroster 80. Front Reflectors 81. Fire Extinguisher 82. Coupling Device (s) 83. License Plate (s) 84. Registration 85. Spill Kit		SPRINGS 86. Broken 87. Loose U-Bolt CLUTCH 88. Noisy 89. Slipping 90. Adjust Clutch REAR AXLE 91. Noisy 92. Leaks DRIVE LINE 93. Foreign Material 94. Noisy 95. Vibrations ACCESSORIES 96. Camera 97. Strobe Light 98. Backup Alarm 99. Monitor TRANSMISSION 100. Noisy 101. Jumps Out Of Gear 102. Hard Shifting 103. Leaks 104. ELECTRICAL 105. Will Not Start 106. Will Not Change 107. Will Not Shut Down																							
COMMENTS - REQUIRED FOR ALL DEFECTS - BE SPECIFIC: 1. _____ 2. _____ 3. _____		CORRECTIVE ACTION I CERTIFY THAT <input type="checkbox"/> REPAIRS OF THE NOTED DEFECTS HAVE BEEN CORRECTED. <input type="checkbox"/> ITEMS NOTED DO NOT AFFECT THE SAFE OPERATION OF THIS VEHICLE. 1. _____ 2. _____ 3. _____																									

VEHICLE REPAIR ORDER #:

I HAVE REVIEWED THIS VEHICLE CONDITION REPORT

TECHNICIAN'S SIGNATURE:

DRIVER'S SIGNATURE:

DATE: ____/____/____

DATE: ____/____/____

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360

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Form # 360



DRIVER'S VEHICLE CONDITION REPORT

Location _____ Date _____
 Driver _____ Unit _____
 Start Time _____ Finish Time _____
 Ending Engine Hours _____ Ending Mileage _____

FLUID LEVELS

PRE	POST	Engine oil	PRE	POST	Coolant	PRE	POST	Transmission	PRE	POST
<input type="checkbox"/>	<input type="checkbox"/>	Hydraulic oil	<input type="checkbox"/>	<input type="checkbox"/>	Fuel	<input type="checkbox"/>	<input type="checkbox"/>	DEF Fluid	<input type="checkbox"/>	<input type="checkbox"/>

PRE/POST TRIP INSPECTION

PRE POST ☐ ☐ No Defects - Vehicle Condition Satisfactory

CAB INSPECTION - If items need repair, check below and describe

PRE	POST	All gauges / gauge lights	PRE	POST	Cab horn	PRE	POST	Doors / latches
<input type="checkbox"/>	<input type="checkbox"/>	Low pressure oil	<input type="checkbox"/>	<input type="checkbox"/>	Windshield cracks	<input type="checkbox"/>	<input type="checkbox"/>	Seat and seat belt
<input type="checkbox"/>	<input type="checkbox"/>	Low oil warning light / buzzer	<input type="checkbox"/>	<input type="checkbox"/>	Windshield wipers	<input type="checkbox"/>	<input type="checkbox"/>	Clutch free play
<input type="checkbox"/>	<input type="checkbox"/>	License / registration papers	<input type="checkbox"/>	<input type="checkbox"/>	Windshield / clean	<input type="checkbox"/>	<input type="checkbox"/>	Mirrors adjusted / clean
<input type="checkbox"/>	<input type="checkbox"/>	Low air warning light / buzzer	<input type="checkbox"/>	<input type="checkbox"/>	Heat / defrost / AC	<input type="checkbox"/>	<input type="checkbox"/>	Radio

SAFETY INSPECTION - If items need repair, check below and describe

PRE	POST	Reflective triangles	PRE	POST	Fire extinguisher	PRE	POST	Safety decals
<input type="checkbox"/>	<input type="checkbox"/>	Rear vision monitor	<input type="checkbox"/>	<input type="checkbox"/>	Camera / clean	<input type="checkbox"/>	<input type="checkbox"/>	Spill kits
<input type="checkbox"/>	<input type="checkbox"/>	Safety interlock switches	<input type="checkbox"/>	<input type="checkbox"/>	Safety devices	<input type="checkbox"/>	<input type="checkbox"/>	Backup horn

MECHANICAL INSPECTION - If items need repair, check below and describe

PRE	POST	Service brakes adjusted	PRE	POST	Marker lights / clean	PRE	POST	Cable / hooks
<input type="checkbox"/>	<input type="checkbox"/>	Parking breaks operational	<input type="checkbox"/>	<input type="checkbox"/>	Brake lights / clean	<input type="checkbox"/>	<input type="checkbox"/>	Automatic tarp / cover
<input type="checkbox"/>	<input type="checkbox"/>	Battery disconnect	<input type="checkbox"/>	<input type="checkbox"/>	Turn signal / clean	<input type="checkbox"/>	<input type="checkbox"/>	Hydraulic hoses / cylinders
<input type="checkbox"/>	<input type="checkbox"/>	Body damage	<input type="checkbox"/>	<input type="checkbox"/>	Suspension	<input type="checkbox"/>	<input type="checkbox"/>	Auto arm / tipper
<input type="checkbox"/>	<input type="checkbox"/>	Cab damage	<input type="checkbox"/>	<input type="checkbox"/>	Steering play	<input type="checkbox"/>	<input type="checkbox"/>	Wheels / rims
<input type="checkbox"/>	<input type="checkbox"/>	Air lines	<input type="checkbox"/>	<input type="checkbox"/>	Fuel tank / lines	<input type="checkbox"/>	<input type="checkbox"/>	Transmission / differential
<input type="checkbox"/>	<input type="checkbox"/>	Drain air tank	<input type="checkbox"/>	<input type="checkbox"/>	Exhaust	<input type="checkbox"/>	<input type="checkbox"/>	Driveline / telma
<input type="checkbox"/>	<input type="checkbox"/>	Air dryer	<input type="checkbox"/>	<input type="checkbox"/>	Engine	<input type="checkbox"/>	<input type="checkbox"/>	Radiator / cooling
<input type="checkbox"/>	<input type="checkbox"/>	Head lights clean	<input type="checkbox"/>	<input type="checkbox"/>	Starter	<input type="checkbox"/>	<input type="checkbox"/>	

DEFECT INSPECTION

1. _____
 2. _____
 3. _____
 4. _____
 5. _____
 6. _____
 7. _____
 8. _____

☐ Above defects corrected
☐ Above defects need not be corrected for the safe operation of vehicle

Driver Signature _____ Date _____
 Mechanic Signature _____ Date _____
 Driver Review Signature _____ Date _____
 Work Order No. _____

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Form # 360



DAILY DRIVER'S INSPECTION & VEHICLE CONDITION REPORT

V -

DISTRICT NUMBER _____ VEHICLE NUMBER _____ HOURS: _____ START _____ ODOMETER: _____ START _____
 DRIVER NAME (PRINT IN BLOCK LETTERS): _____ TOTAL _____ TOTAL _____

PRE-TRIP INSPECTION - DOT 396.13 (a) <input type="checkbox"/> Alarm Operation (Check all appropriate alarms) <input type="checkbox"/> FEL Arm <input type="checkbox"/> Fork <input type="checkbox"/> Hoist/Body <input type="checkbox"/> Boom <input type="checkbox"/> ASL Arm <input type="checkbox"/> Tailgate <input type="checkbox"/> Reverse <input type="checkbox"/> Low Air Pres. <input type="checkbox"/> Tires, Wheels and Rims <input type="checkbox"/> Power Steering & Auto Trans Fluid <input type="checkbox"/> 2010 Engine DEF Tank Filled <input type="checkbox"/> Engine Oil, Fuel, and Coolant <input type="checkbox"/> Service Brakes and All Connections <input type="checkbox"/> Parking (hand) Brake (s) <input type="checkbox"/> Steering Mechanism <input type="checkbox"/> Horn (s) <input type="checkbox"/> Instruments and Gauges <input type="checkbox"/> Lights and Reflectors <input type="checkbox"/> Emergency Equipment <input type="checkbox"/> Windshield Wipers <input type="checkbox"/> Rear Vision Camera, Mirrors, & Event Recorder <input type="checkbox"/> 5th Wheel, Coupling Devices <input type="checkbox"/> License Plate (s) and Registration <input type="checkbox"/> Vehicle Damage <input type="checkbox"/> Vehicle Damage	POST-TRIP INSPECTION - DOT 396.11 <input type="checkbox"/> Alarm Operation (Check all appropriate alarms) <input type="checkbox"/> FEL Arm <input type="checkbox"/> Fork <input type="checkbox"/> Hoist/Body <input type="checkbox"/> Boom <input type="checkbox"/> ASL Arm <input type="checkbox"/> Tailgate <input type="checkbox"/> Reverse <input type="checkbox"/> Low Air Pres. <input type="checkbox"/> Tires, Wheels and Rims <input type="checkbox"/> Power Steering & Auto Trans Fluid <input type="checkbox"/> Engine Oil, Fuel, and Coolant <input type="checkbox"/> Service Brakes and All Connections <input type="checkbox"/> Parking (hand) Brake (s) <input type="checkbox"/> Steering Mechanism <input type="checkbox"/> Horn (s) <input type="checkbox"/> Instruments and Gauges <input type="checkbox"/> Lights and Reflectors <input type="checkbox"/> Emergency Equipment <input type="checkbox"/> Windshield Wipers <input type="checkbox"/> Rear Vision Camera, Mirrors, & Event Recorder <input type="checkbox"/> 5th Wheel, Coupling Devices <input type="checkbox"/> License Plate (s) and Registration <input type="checkbox"/> Vehicle Damage <input type="checkbox"/> Drain Air Tanks	FOR LOCAL DISTRICT USE <input type="checkbox"/> Diesel <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> 2010 Engine DEF Fluid <input type="checkbox"/> Gas <input type="checkbox"/> CNG Gals./Ltrs./Therms Power Steering Fluid _____ Gals./Ltrs. Anti-Freeze _____ Gals./Ltrs. Hydraulic Oil _____ Gals./Ltrs. Motor Oil _____ Gals./Ltrs. Auto Trans Fluid _____ Gals./Ltrs. Def Fluid _____ Gals./Ltrs.
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CHECK ALL DEFECTS TIRE, WHEELS & RIMS <input type="checkbox"/> Flat <input type="checkbox"/> Low Air Pressure <input type="checkbox"/> Marginal Tread <input type="checkbox"/> Loose Lug Nuts <input type="checkbox"/> Cracks, Cuts, or Damage <input type="checkbox"/> Grease Leaks ENGINE <input type="checkbox"/> Coolant Leaks <input type="checkbox"/> Fuel Leaks <input type="checkbox"/> Oil Leaks <input type="checkbox"/> Misses <input type="checkbox"/> Overheats <input type="checkbox"/> Noises <input type="checkbox"/> Smoking <input type="checkbox"/> Low Oil Pressure BRAKES <input type="checkbox"/> Service Brakes <input type="checkbox"/> Parking Brakes <input type="checkbox"/> Air / Hydraulic Leaks <input type="checkbox"/> Pulls to Left / Right STEERING <input type="checkbox"/> Loose <input type="checkbox"/> Shimmy <input type="checkbox"/> Steers Hard <input type="checkbox"/> Pulls to Left / Right INSTRUMENTS AND GAUGES <input type="checkbox"/> Air Pressure Gauge / Alarm <input type="checkbox"/> Amp Meter / Volt Gauge <input type="checkbox"/> Temperature Gauge <input type="checkbox"/> Oil Pressure Gauge <input type="checkbox"/> Speedometer	VEHICLE CONDITION REPORT INSTRUMENTS AND GAUGES (cont.) <input type="checkbox"/> Tachometer <input type="checkbox"/> Windshield Wipers / Washers <input type="checkbox"/> Horn (s) LIGHTS <input type="checkbox"/> Headlights <input type="checkbox"/> Stop & Tail Lights <input type="checkbox"/> Turn Signals <input type="checkbox"/> Marker Lights <input type="checkbox"/> Reflectors <input type="checkbox"/> Dash Lights CAB / CHASSIS <input type="checkbox"/> Battery Box / Cover <input type="checkbox"/> Doors <input type="checkbox"/> Seat Belts <input type="checkbox"/> Mirrors and Cab Glass <input type="checkbox"/> Heater / Defroster <input type="checkbox"/> Triangle Reflectors <input type="checkbox"/> Fire Extinguisher <input type="checkbox"/> 5th Wheel, Coupling Devices <input type="checkbox"/> License Plate (s) <input type="checkbox"/> Registration <input type="checkbox"/> First Aid Kit <input type="checkbox"/> Drive Cam Functionality <input type="checkbox"/> Split Kit SPRINGS <input type="checkbox"/> Broken <input type="checkbox"/> Loose U-Bolts CLUTCH <input type="checkbox"/> Noisy <input type="checkbox"/> Slipping <input type="checkbox"/> Adjust Clutch <input type="checkbox"/> Clutch Brake	CHECK IF NO DEFECTS NOTED REAR AXLE <input type="checkbox"/> Grease Leaks <input type="checkbox"/> Noisy DRIVELINE <input type="checkbox"/> Foreign Material <input type="checkbox"/> Noisy <input type="checkbox"/> Vibrations TRANSMISSION <input type="checkbox"/> Noisy <input type="checkbox"/> Jumps Out of Gear <input type="checkbox"/> Hard Shifting <input type="checkbox"/> Grease Leaks ELECTRICAL <input type="checkbox"/> Will Not Start <input type="checkbox"/> Will Not Charge <input type="checkbox"/> Will Not Shut Down BODY <input type="checkbox"/> Hydraulic Leaks <input type="checkbox"/> Left Side-Cyl <input type="checkbox"/> Right Side-Cyl <input type="checkbox"/> Fork-Cyl <input type="checkbox"/> Rear-Cyl <input type="checkbox"/> Top Door-Cyl <input type="checkbox"/> Rear Door-Cyl <input type="checkbox"/> Will Not Pack Properly <input type="checkbox"/> Damaged Pins <input type="checkbox"/> Damaged Control Arms <input type="checkbox"/> Damaged Pumps <input type="checkbox"/> Pump Noisy <input type="checkbox"/> PTO Noisy <input type="checkbox"/> PTO Leaks <input type="checkbox"/> Body Mounting bolts <input type="checkbox"/> Hoist Cable <input type="checkbox"/> Crack / Damage on Body	PRE-TRIP TIRE PRESSURES <table border="1"> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table> POST-TRIP TIRE PRESSURES <table border="1"> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table> URGENT SAFETY REPAIRS NECESSARY DESCRIPTION OF DEFECTS HERE: _____ _____ _____ MAINTENANCE DEPARTMENT COMMENTS _____ _____ _____																																

CORRECTIVE ACTION / REPAIRS MADE AS PER DOT 396.11 (1)
 I CERTIFY THAT: ☐ ITEMS NOTED DO NOT AFFECT THE SAFE OPERATION OF THIS VEHICLE.
☐ REPAIRS OF THE NOTED DEFECTS HAVE BEEN CORRECTED.

MECHANIC'S SIGNATURE: _____ DATE: ____/____/____
 VEHICLE REPAIR ORDER NUMBER: _____ DATED: ____/____/____
 I HAVE REVIEWED THIS VEHICLE CONDITION REPORT AS PER DOT 396.13 (b) & (c); DRIVER'S SIGNATURE: _____ DATE: ____/____/____

MAINTENANCE COPY

FORM 6360-WW Rev-2

Driver's Vehicle Condition Report

Daily Driver's Inspection & Vehicle Condition Report

DVIR & VCR Pre/Post

Form # 360

Your Logo Here

**TRACTOR & TRAILER
DAILY DRIVER'S INSPECTION & VEHICLE CONDITION REPORT**
(DOT 396.11 396.13)

VEHICLE NAME: _____ DIVISION NUMBER: _____

DRIVER NAME (PRINT IN BLOCK LETTERS): _____

HOURS: FINISH _____ ODOMETER: FINISH _____

START _____ TOTAL _____

DATE _____

PRE-TRIP INSPECTION - DOT 396.13 (a)

☐ Alarm Operations (Check all appropriate alarms)
☐ Reverse ☐ Low Air Pres.

☐ 2010 Engine DEF Tank Filled
☐ Tires, Wheels and Rims
☐ Power Steering & Auto Trans Fluid
☐ Engine Oil, Fuel, and Coolant
☐ Service Brakes and All Connections
☐ Parking (hand) Brake (s)
☐ Steering Mechanism
☐ Horn (s)
☐ Instruments and Gauges
☐ Lights and Reflectors
☐ Emergency Equipment
☐ Windshield Wipers
☐ Rear Vision Camera, Mirrors, & Event Recorder
☐ Coupling Devices
☐ License Plate (s) and Registration
☐ Vehicle Damage

I have performed the above inspection and found each item in proper working order or I have noted defects below.

Driver's Signature _____ Date _____

POST-TRIP INSPECTION - DOT 396.11

☐ Alarm Operations (Check all appropriate alarms)
☐ Reverse ☐ Low Air Pres.

☐ Tires, Wheels and Rims
☐ Power Steering & Auto Trans Fluid
☐ Engine Oil, Fuel, and Coolant
☐ Service Brakes and All Connections
☐ Parking (hand) Brake (s)
☐ Steering Mechanism
☐ Horn (s)
☐ Instruments and Gauges
☐ Lights and Reflectors
☐ Emergency Equipment
☐ Windshield Wipers
☐ Rear Vision Camera, Mirrors, & Event Recorder
☐ Coupling Devices
☐ License Plate (s) and Registration
☐ Vehicle Damage

I have performed the above inspection and found each item in proper working order or I have noted defects below.

Driver's Signature _____ Date _____

FOR LOCAL DISTRICT USE

☐ Diesel ☐ AM ☐ PM
☐ 2010 Engine DEF Fluid
☐ Gas
☐ CNG _____ Gals./Ltrs./Therms.

Power Steering Fluid _____ Gals./Ltrs.
Anti-Freeze _____ Gals./Ltrs.
Hydraulic Oil _____ Gals./Ltrs.
Motor Oil _____ Gals./Ltrs.
Auto Trans Fluid _____ Gals./Ltrs.
DEF Fluid _____ Gals./Ltrs.

TIRE PRESSURES

VEHICLE CLEANLINESS
☐ Cab Cleaned

URGENT SAFETY REPAIRS NECESSARY
DESCRIPTION OF DEFECTS HERE: _____

MAINTENANCE DEPARTMENT COMMENTS

CHECK ALL DEFECTS

TIRES, WHEELS & RIMS
☐ Flat
☐ Low Air Pressure
☐ Marginal Tread
☐ Loose Lug Nuts
☐ Cracks, Cuts, or Damage
☐ Grease Leaks

ENGINE
☐ Coolant Leaks
☐ Fuel Leaks
☐ Oil Leaks
☐ Misses
☐ Overheats
☐ Noises
☐ Smoking
☐ Low Oil Pressure

BRAKES
☐ Service Brakes
☐ Parking Brakes
☐ Air / Hydraulic Leaks
☐ Pulls to Left / Right

STEERING
☐ Loose
☐ Shimmy
☐ Steers Hard
☐ Pulls to Left / Right

INSTRUMENTS AND GAUGES
☐ Air Pressure Gauge / Alarm
☐ Amp Meter / Volt Gauge
☐ Temperature Gauge
☐ Oil Pressure Gauge
☐ Speedometer

VEHICLE CONDITION REPORT

INSTRUMENTS AND GAUGES (cont.)
☐ Tachometer
☐ Windshield Wipers / Washers
☐ Horn (s)
☐ Headlights
☐ Stop & Tail Lights
☐ Turn Signals
☐ Marker Lights
☐ Reflectors
☐ Dash Lights
☐ CAB/CHASSIS
☐ Battery Box / Cover
☐ Doors
☐ Seat Belts
☐ Mirrors and Cab Glass
☐ Heater / Defroster
☐ Triangle Reflectors
☐ Fire Extinguisher
☐ Coupling Device (s)
☐ License Plate (s)
☐ Registration
☐ First Aid Kit
☐ Drive Cam Functionality
☐ Spill Kit

SPRINGS
☐ Loose U-Bolts

CLUTCH
☐ Noisy
☐ Slipping
☐ Adjust Clutch
☐ Clutch Brake

REAR AXLE
☐ Noisy
☐ Grease Leaks

DRIVE LINE
☐ Foreign Material
☐ Noisy
☐ Vibrations

TRANSMISSION
☐ Noisy
☐ Jumps Out of Gear
☐ Hard Shifting
☐ Grease Leaks

ELECTRICAL
☐ Will Not Start
☐ Will Not Charge
☐ Will Not Shut Down

OTHER
☐ Hydraulic Leaks
☐ Tumbuckle
☐ Hydraulic Controls
☐ Pump Leaks
☐ PTO Leaks
☐ Damaged Chains
☐ Pump Noisy
☐ PTO Noisy
☐ Hydraulic Level
☐ Crack / Damage on Body

CORRECTIVE ACTION / REPAIRS MADE AS PER DOT 396.11 (1)
I CERTIFY THAT: ☐ ITEMS NOTED DO NOT AFFECT THE SAFE OPERATION OF THIS VEHICLE.
☐ REPAIRS OF THE NOTED DEFECTS HAVE BEEN CORRECTED.

MECHANIC'S SIGNATURE: _____ DATE: _____

VEHICLE REPAIR ORDER NUMBER: _____ DATED: _____

I HAVE REVIEWED THIS VEHICLE CONDITION REPORT AS PER DOT 396.13 (b) & (c); DRIVER'S SIGNATURE: _____ DATE: _____

FORM # 360

Your Logo Here

CONNECTIONS DRIVERS'S DAILY REPORT

Truck# _____ Driver: _____ Date: _____ Day: _____ Route: _____

Origin _____ Destination _____

LF's Used _____ #Loads _____ Mileage _____ Ending _____ Tot TX Miles _____

Beginning _____ Tot OK Miles _____

Returning to TX _____ Tot Other State _____

Leaving TX _____ Name Other State _____

Del: _____ Total Loads _____ Engine Hrs. _____ Total Miles _____

Amount Left on Truck 1/4 ☐ 1/2 ☐ 3/4 ☐ Full ☐

Company Fuel _____ (gal) Texas Fuel _____ (gal) Okla. Fuel _____ (gal) Purchased at _____

PRE-TRIP AND POST-TRIP CHECK

Out-Bound	In-Bound	Out-Bound	In-Bound	
				Ck/Clean Windows & Mirrors
				Ck Tires-Also Visual Ck for Cust & Loose Rims or Lugs
				Ck Operation of Hydraulics & Cycle
				Inspect Winch Cable, Chains, Hooks
				Ck Operation of 2-Way Radio
				Ck Brakes
				Ck All Gauges
				Ck Coupling Devices
				Ck Steering
				Ck Exhaust
				Ck Body for Damage

ITEMS NEEDING REPAIR (LIST ITEM AND DESCRIBE BELOW)

ENGINE
☐

ELECTRIC
☐

HYDRAULIC
☐

BRAKES
☐

OTHER
☐

☐ CONDITION OF THE ABOVE VEHICLE IS SATISFACTORY Driver's Signature _____

☐ Above Defects Corrected ☐ Above Defects Need Not Be Corrected for Safe Operations of Vehicle

Mechanics Signature _____ Date _____

Driver's Signature _____ Date _____

White-Dispatch Yellow-Maintenance Pink-Vehicle Copy

K

Tractor & Trailer Daily Driver's Inspection
& Vehicle Condition Report

L

Connections Driver's Daily Report

DVIR & VCR Pre/Post

Form # 360

Your Logo Here

DAILY DRIVER'S INSPECTION & VEHICLE CONDITION REPORT
(DOT 396.11 396.13)

V-

DATE _____

DISTRICT NUMBER _____	VEHICLE NUMBER _____	HOURS: FINISH _____	ODOMETER: FINISH _____
DRIVER NAME (PRINT IN BLOCK LETTERS) _____		START _____	START _____
		TOTAL _____	TOTAL _____

PRE-TRIP INSPECTION - DOT 396.13 (a)

☐ Alarm Operation (Check all appropriate alarms)
☐ FEL Arm ☐ Fork ☐ Hose-up/Boo Boom
☐ Chk. Arm ☐ Trailer Reverse ☐ Low Air Pres.
☐ Tires, Wheels and Rims
☐ Power Steering & Auto Trans Fluid
☐ Engine Oil, Fuel, and Coolant
☐ Service Brakes and All Connections
☐ Parking (hand) Brake (s)
☐ Steering Mechanism
☐ Horn (s)
☐ Instruments and Gauges
☐ Lights and Reflectors
☐ Emergency Equipment
☐ Windshield Wipers
☐ Rear Vision Camera, Mirrors, & Event Recorder
☐ Coupling Devices
☐ License Plate (s) and Registration

I have performed the above inspection and found each item in proper working order or I have noted defects below.

Driver's Signature _____ Date _____

POST-TRIP INSPECTION - DOT 396.11

☐ Alarm Operation (Check all appropriate alarms)
☐ FEL Arm ☐ Fork ☐ Hose-up/Boo Boom
☐ Chk. Arm ☐ Trailer Reverse ☐ Low Air Pres.
☐ Tires, Wheels and Rims
☐ Power Steering & Auto Trans Fluid
☐ Engine Oil, Fuel, and Coolant
☐ Service Brakes and All Connections
☐ Parking (hand) Brake (s)
☐ Steering Mechanism
☐ Horn (s)
☐ Instruments and Gauges
☐ Lights and Reflectors
☐ Emergency Equipment
☐ Windshield Wipers
☐ Rear Vision Camera, Mirrors, & Event Recorder
☐ Coupling Devices
☐ License Plate (s) and Registration
☐ Vehicle Damage
☐ Drain Air Tanks

I have performed the above inspection and found each item in proper working order or I have noted defects below.

Driver's Signature _____ Date _____

TIRE PRESSURES

☐ URGENT SAFETY REPAIRS NECESSARY

DESCRIPTION OF DEFECTS HERE:

CHECK ALL DEFECTS

TIRES, WHEELS, & RIMS

☐ Flat
☐ Low Air Pressure
☐ Marginal Tread
☐ Loose Lug Nuts
☐ Cracks, Cuts, or Damage
☐ Grease Leaks

COOLANT

☐ Coolant Leaks
☐ Fuel Leaks
☐ Oil Leaks
☐ Misses
☐ Overheats
☐ Noises
☐ Smoking
☐ Low Oil Pressure

BRAKES

☐ Service Brakes
☐ Parking Brakes
☐ Air / Hydraulic Leaks
☐ Pulls to Left / Right

STEERING

☐ Loose Shimmy
☐ Steers Hard
☐ Pulls to Left / Right

INSTRUMENTS AND GAUGES

☐ Air Pressure Gauge / Alarm
☐ Amp Meter / Volt Gauge
☐ Temperature Gauge
☐ Oil Pressure Gauge
☐ Speedometer

VEHICLE CONDITION REPORT

INSTRUMENTS AND GAUGES (cont.)

☐ Tachometer
☐ Windshield Wipers / Washers
☐ Horn (s)
☐ Headlights
☐ Stop & Tail Lights
☐ Turn Signals
☐ Marker Lights
☐ Reflectors
☐ Dash Lights

CAB / CHASSIS

☐ Battery Box / Cover
☐ Doors
☐ Seat Belts
☐ Mirrors and Cab Glass
☐ Heater / Defroster
☐ Triangle Reflectors
☐ Fire Extinguisher
☐ Coupling Device (s)
☐ Escape Plate (s)
☐ Registration
☐ First Aid Kit
☐ Drive Cam Functionality
☐ Split Kit

SCISSORS

☐ Broken
☐ Loose J-Bolts

CLUTCH

☐ Noisy
☐ Slipping
☐ Adjust Clutch
☐ Clutch Brake

CHECK IF NO DEFECTS NOTED ☐

REAR AXLE

☐ Noisy
☐ Grease Leaks
☐ Foreign Material
☐ Vibrations
☐ Noisy
☐ Jumps Out of Gear
☐ Hard Shifting
☐ Grease Leaks

ELECTRICAL

☐ Will Not Start
☐ Will Not Charge
☐ Will Not Shut Down

BODY

☐ Hydraulic Leaks
☐ Left Side-Cyl
☐ Right Side-Cyl
☐ Fork-Cyl
☐ Rear-Cyl
☐ Top Door-Cyl
☐ Rear Door-Cyl
☐ Will Not Pack Properly
☐ Damaged Panels
☐ Damaged Fins
☐ Turnbuckle
☐ Hydraulic Controls
☐ Pump Leaks
☐ PTO Leaks
☐ Body Mounting bolts
☐ Hoist Cable
☐ Crack / Damage on Body

MAINTENANCE DEPARTMENT COMMENTS

☐ Alarm Operation (Check all appropriate alarms)

☐ FEL Arm ☐ Fork ☐ Hose-up/Boo Boom
☐ Chk. Arm ☐ Trailer Reverse ☐ Low Air Pres.

CORRECTIVE ACTION / REPAIRS MADE AS PER DOT 396.11 (1)

I CERTIFY THAT: ☐ ITEMS NOTED DO NOT AFFECT THE SAFE OPERATION OF THIS VEHICLE.

☐ REPAIRS OF THE NOTED DEFECTS HAVE BEEN CORRECTED.

MECHANIC'S SIGNATURE: _____

DATE: _____

VEHICLE REPAIR ORDER NUMBER: _____

DATED: _____

I HAVE REVIEWED THIS VEHICLE CONDITION

REPORT AS PER DOT 396.13 (b) & (c). DRIVER'S SIGNATURE: _____

DATE: _____


www.northstartrans.com

FORM # 360.


DVIR & VCR Pre/Post

Form # 334

NORTH STAR SERVICES (877) 499-0492
FORM #334

 **Your Logo Here**

MOTORIZED VEHICLE
Pre & Post Trip Inspection



Operators Name: _____ Unit Number: _____

Date of Inspection: _____ Miles or Hours Ending: _____

	Pre Trip	Post Trip	List Specific Requested Repairs Here
Check Engine Oil Level			
Check Automatic Transmission Oil Level			
Check Power Steering Fluid			
Inspect Engine Compartment			
Check Brake Fluid Level			
Check Coolant Level			
Inspect Tires, Lug nuts & Wheels			
OPERATOR Compartment			
Dash Gauges Operational			
Dash Lights Operational			
Inspect Steering & Suspension			
First Aid Kit Available and Stocked			
Inspect Operation of Brakes			
Inspect Exterior Lighting			
Is Interior Clean			
Is Exterior Clean			
VEHICLE Operation			
Auxiliary Functions, Wipers & Mirrors			
Fluids Compartment Leakage			
Inspect Horn Operation			
Inspect Back Up Alarm			
Inspect Strobe Light Operation			
Air Hoses & Electrical Connections			

Operators Signature Here: _____

O

Motorized Vehicle Pre & Post Trip Inspection

Form # 270

253651

VEHICLE INSPECTION FORM

UNIT # _____ DATE _____

PASS	FAIL	
<input type="checkbox"/>	<input type="checkbox"/>	CAB CLEANLINESS / EXTERIOR CLEAN / WINDOWS & MIRRORS NON-DAMAGED
<input type="checkbox"/>	<input type="checkbox"/>	EXISTING / NEW DAMAGE
<input type="checkbox"/>	<input type="checkbox"/>	HOPPER / BLADE CLEAN
<input type="checkbox"/>	<input type="checkbox"/>	PAPERWORK (INSURANCE CARD, DOT CARD, REGISTRATION, AND INSPECTION DOCUMENTATION)
<input type="checkbox"/>	<input type="checkbox"/>	SAFETY EQUIPMENT (TRIANGLES, SPILL KIT, CAMERA, FIRE EXT., SEAT BELTS)
<input type="checkbox"/>	<input type="checkbox"/>	VCR FILLED OUT PROPERLY
<input type="checkbox"/>	<input type="checkbox"/>	ENGINE COMPARTMENT / CYLINDER WELLS FREE OF DEBRIS
<input type="checkbox"/>	<input type="checkbox"/>	TIRES / LUGS / RIMS IN COMPLIANCE
<input type="checkbox"/>	<input type="checkbox"/>	HOIST / BODY UP / TAILGATE / REVERSE ALARMS WORKING
<input type="checkbox"/>	<input type="checkbox"/>	ARMS / FORK UP ALARMS WORKING
<input type="checkbox"/>	<input type="checkbox"/>	HEADLIGHTS, SIGNALS, BRAKE, MARKER, LP, WORK ETC. - IN WORKING ORDER

COMMENTS:

INSPECTED BY: _____

(877) 499-0492 DONC@NORTHSTARFORMS.COM FORM NO. 270 GEN

P

Vehicle Inspection Form

Form # 334

[illegible]

A


Trailer Pre- and Post-Trip Inspection

B

Tractor & Trailer Daily Driver's Inspection & Vehicle Condition Report

TRAILER Pre/Post

Form # 266



Trailer Pre and Post Trip Inspection

☐ EDCO - Lemon Grove ☐ Park Waste & Recycling
☐ EDCO San Marcos ☐ EDCO - Signal Hill
☐ EDCO - Olson ☐ Lakeside
☐ Escondido Disposal ☐ Other _____
☐ Fallbrook Waste & Recycling
☐ Ramona Disposal Service

Prior to performing maintenance follow Lockout - Tagout procedures.

COMPANY: _____ TRACTOR # _____ VOR # _____

TRAILER NO. _____ MAKE: _____ YEAR: _____ DRIVER: _____ HUBMETER: _____

TYPE: ☐ VAN ☐ FLATBED ☐ OPEN TOP

LICENSE AND REGISTRATION: _____

MARK CLEARLY ALL DAMAGE FOUND DURING INSPECTION: "B" - Bruise; "C" - Cut; "H" - Hole; "D" - Dent; "M" - Missing.

PRE-TRIP				POST-TRIP			
LEFT SIDE	FLOOR	FRONT	REAR	LEFT SIDE	FLOOR	FRONT	REAR
DESCRIPTION				DESCRIPTION			

MARK EACH ITEM WITH A ✓ AS "OK" OR "NEEDS REPAIR".

PRE-TRIP	POST-TRIP	ITEM	PRE-TRIP	POST-TRIP	ITEM
O.K.	NEEDS REPAIR		O.K.	NEEDS REPAIR	
		FRONT			25. Sides
		1. Electric & Air Connections			26. Cross Members
		2. Headboard			27. Special Equipment
		3. 5th Wheel Plate & Kingpin			28. Bells
		4. Ladders/Catwalks			EXTERIOR (IF APPLICABLE)
		5. Lights			29. Inspect Auto Tap for condition and proper operation.
		LEFT SIDE			30. Can Locks Locked
		6. Landing Gear			31. Inspect Auto Tap for warning device for audible alarm and light.
		7. Lights, Clearance Markers			RIGHT SIDE
		8. Tires			32. Reflectors
		9. Brakes			33. Wheels, Lugs & Seals
		10. Wheels, Lugs & Seals			34. Brakes
		11. Reflectors			35. Tires
		12. Mid Turn Signal			36. Lights, Clearance Markers
		13. Inspect side for DOT reflective tape condition.			37. Landing Gear
		REAR			38. Mid Turn Signal
		14. Lights			39. Inspect side for DOT reflective tape condition.
		15. Stop, Turn & Tail Lights			UNDERSIDE
		16. Reflectors			39. Frame & Cross Members
		17. Mud Flaps			40. Springs & U-Bolts
		18. Rear DOT Bumper			41. Electrical Wiring
		19. Doors & Latches			42. Airlines & Hoses
		20. Rear Door Air Switch			43. Spare Tire, Rack & Chains
		21. Inspect top for DOT reflective tape condition.			44. Brakes
		22. Inspect rear door for wide right turn sign.			45. Hydraulic Leaks
		23. Inspect rear door condition and note large gaps.			46. Walking Floor & Cylinders
		INTERIOR (IF APPLICABLE)			47. Air Leaks
		24. Floor & Floor Planks			48. Air Tank Bracket

PRE-TRIP INSPECTED BY: _____ PRE-TRIP TERMINAL: _____ PRE-TRIP DATE: _____

POST-TRIP INSPECTED BY: _____ POST-TRIP TERMINAL: _____ POST-TRIP DATE: _____

CORRECTIVE ACTION / REPAIRS MADE AS PER DOT 396.11 (1)

I CERTIFY THAT: ☐ ITEMS NOTED DO NOT AFFECT THE SAFE OPERATION OF THIS VEHICLE.
☐ REPAIRS OF THE NOTED DEFECTS HAVE BEEN CORRECTED.

MECHANIC'S SIGNATURE: _____ DATE: ____/____/____

VEHICLE REPAIR ORDER NUMBER: _____ DATE: ____/____/____


I HAVE REVIEWED THIS VEHICLE CONDITION
 REPORT AS PER DOT 396.13 (b) & (c): DRIVER'S SIGNATURE: _____ DATE: ____/____/____

North Star Forms LLC (877) 499-0492

E

Trailer Pre- and Post-Trip Inspection

Rail Vehicle Daily Pre / Post Safety Inspection Report



Unit Number: _____ End Hours: _____

Date: ____/____/____ Start Hours: _____

Total Hours: _____

Inspect the following items / = OK X=Defective repairs may needed NA = Not Apply

Inspect the following:	PRE	POST	Perform the following tasks	PRE	POST
CIRCLE INSPECTION			IN CAB INSPECTION		
Steps and handrails secure and functional			Check Mirrors, door glass and windshield		
Check lights and strobes			Check cab air filter (clean as needed)		
Inspect hoses, fittings, cylinders for wear or leaks			Seat and seatbelt in good condition		
Inspect for any equipment damage			Check horn and warning devices		
Check fire Suppression system green light ON ?			Check gauges and monitoring systems		
Inspect fire extinguisher			Check Backup alarm		
Check Battery Disconnect			Check Backup camera		
Drain water off tanks			Check A/C Heat and defroster		
Blow out radiator and engine compartment			First Aid Kit		
Clean pre cleaner bowl (if equipped)			Perform parking brake field test		
Check air filter restriction (Replace/ Clean)			Perform service brake test		
Check tires (psi all wheels)			Clean interior glass		
Check coupler operation			Clean Cab (post trip)		

FLUID, FILTER, LUBE CHECK

Check and fuel Machine	Fuel	Gal.
Check engine crankcase oil level	Engine Oil	Gal.
Check Transmission oil	Transmission Oil	Gal.
Check Hydraulic oil	Coolant	Gal.
Check coolant Level (cold engine)	DEF	Gal.
Ensure all cap are secure and locked	Compressor Oil	Gal.
8 Hr. lube points (grease daily)		
Compressor Oil		
Differential Visual Leaks		

Operator Explanation of Defects

Mechanics Notes

WO #

Repairs needed OUT of Service Not needed for safe operation Parts on order

Operators Printed Name _____

Operators Signature X _____ Date ____/____/____

Mechanic Signature X _____ Date ____/____/____

I have reviewed the previous days inspection

Operators Signature X _____ Date ____/____/____

F


Rail Vehicle Daily Pre / Post Safety Inspection Report

Driver / Operator

Form # 202

White

○ ○ ○ ○ ○ + □ ○ ○

 Your Logo Here
000001

Date: _____
Card: _____
Trk#: _____
Rte: _____

Gross: _____

Tare: _____

Acct #: _____
Circle Material: Loose / Comp / Demo / RECY
Driver Signature: _____
Driver Print: _____

OFFICE USE ONLY

Tons: _____


Total Cost: _____

done@northstarforms.com (877)499-0492 202

A

Triplicate

Form # 259

 Your Logo Here

ROLL-OFF CONTAINER CONDITION REPORT

Location of Container: _____ Report No. _____
Inspected By: _____ Account # _____
Date _____ Driver _____ Box# _____ Color _____ Truck# _____

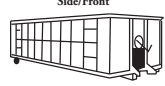
INSP.	AREA	DETAIL NOTES
	Front	
	Rear	
	R.H. Side	
	L.H. Side	
	Floor	
	Rails	
	Doors	
	Door Locks & T Bar	
	Stops	
	Wheels	
	Hook Eye	
	Winch	
	Cable	
	Pulleys	
	Lid Arms	
	Lid Screen	
	Lid Safety Chain	
	Door Safety Chain	
	Clean	
	Paint	

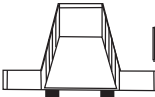
Comments: _____


☐ Repaired ☐ Repair is not required for safe use of this container.

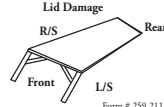
Mechanic's Signature: _____ Date: _____

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

Side/Front


Front


Side/Back


Illustrate the location of Lid Damage



sales@northstarforms.com Form # 259.2111

B

Roll-Off Container Condition Report

Driver / Operator

Form # 260

 **Locations**

Driver's Daily Inspection Sheet/Informe Sobre La Condicion Del Vehiculo

Truck # / Camion #: _____ Date / Fecha: _____
 Mileage Start / Millaje Al Comenzar: _____ Mileage Finish / Millaje Al Terminar: _____

● Pay careful attention to marked items. 0-OK - X- Defect / Defecto ● Preste la atencion a los puntos marcados

	A.M.	P.M.		A.M.	P.M.
1 Tires / Lantas			26 Damage / Daños		
2 Wheel-Lugs & Nuts / Ruedas-Pernos Y Tuercas			27 Frame Crack (Chassis) / Quebraduras de Chasis		
3 Steering Gear Oil / Playaja De Direccion			28 Defroster / Descongelador		
4 Springs / Muelles			29 Heater / Calefón		
5 Wheel Seals / Sellos de Lanta			30 Oil Pressure / Presion Del Aceite		
6 Brakes (Foot) / Frenos (de Pie)			31 Speedometer / Gauges / Velocimetro / Indicadores		
7 Brakes (Parking) / Frenos (De Estacionamiento)			32 Horn, Scaiball / Bocina, Cinturon de Seguridad		
8 Drain Air Tank / Vaciar El Tanque De Aire			33 Rear View Mirror / Espejo De Retrovision		
9 Air Lines (Hoses) / Lineas De Aire (Mangueras)			34 Windshield Wiper / Limpador De Parabrisas		
10 Inhibit & Locking Device Control/Control de frenos de la rueda			35 Clean Out Cab / Asear La Cabina		
11 License Plates & Registration / Placas y registracion			36 Check Glass / Revisar Vidrio		
12 Wheel Chocks / Tope de Lanta			37 Check All Lights / Revisar Todas Las Luces		
13 Battery / Baterias			38 Signal (Directional) / Señales (Direccionales)		
14 Alternator / Alternador			39 Back Up Alarm / Alarma De Retroceso		
15 Starter / Motor De Arranque			40 Fire Extinguisher / Extinguidor De Incendios		
16 Drive Line / Flecha Cardan			41 Reflectors / Reflectores		
17 Engine Belts / Bandas Del Motor			42 Mud Flaps / Paveros		
18 Check Exhaust System for Sng / Check por Humo en Escape			43 PTO System/Toma De Fuerza		
19 Fuel Leaks (All) / Agujeros de Combustible (Todos)			44 Water Container on Board/Contenedor de Agua		
20 Hoses (All) / Mangueras (Todas)			45 Check Cameras/Revisar Cámaras		
21 Radiator Water / Agua Del Radiador					

Air Brake Test (Before Starting Trip) / Prueba De Frenos De Aire (Antes De Iniciar El Recorrido)

Max Air Pressure 125 P.S.I. Warning Device: _____ OK? Depress Pedal (1 min.)
 Enter Reading _____ P.S.I. On @ _____ P.S.I. Off @ _____ P.S.I. Enter Air Loss _____ LBS
 Presion Maxima de Aire 125 P.S.I. Indicator of Air _____ OK? Depress Pedal (1 min.)
 Apuntar lo Leido _____ P.S.I. Prendido @ _____ P.S.I. Apagado @ _____ P.S.I. Anote el Escape de Aire _____ LBS

Note Repair Or Service Needed / A Notar La Reparacion O Servicio Necesario: _____

Trailer Inspection Report/Informe Sobre La Condicion del tráiler

Trailer # / Tráiler #: _____

	A.M.	P.M.		A.M.	P.M.
1 Tires / Lantas			13 Trailer Sides & Supports / Soporte de los lados de la		
2 Wheel-Lugs & Nuts / Ruedas-Pernos Y Tuercas			14 tráiler		
3 Springs / Muelles			15 Tarp Condition / Condicion de la lona		
4 Brakes & Wheel Seals / Frenos y sellos de Lanta			16 Tarp Shaft & Puller Bar / Flecha y rodillo de la tarpa		
5 Suspension / Suspencion			17 Tarp Strap & Buckle / Correa y broque de la tarpa		
6 Air Line & Hose Condition / Lineas de aire y condicon			18 Rear Door Condition / Condicion de la puerta trasera		
7 de manguera			19 All Lights & Reflectors / Luces y Reflectores		
8 Air Tanks & Brackets / Tanques de aire y soporte			20 Working Roof Ribs / Canales del piso movi		
9 Air Leaks / Fuga de aire			21 Working Floor Operation / Operacion del sistema		
10 Landing Gear Condition & Operation			22 del piso movi		
11 /Condicion y operacion de los patines			23 Working Floor Cylinders / Cilindros del piso movi		
12 Trailer Frame Cracks / Quebraduras del chasis de la tráiler			24 Hydraulic Hoses / Mangueras del hidraulico		
13 Trailer Frame Cross members / Soportes cruzados			25 Mud Flaps / Paveros		
14 de la tráiler			26 License Plates & Registration / Placas y registracion		
15 Trailer Top Center Support / Soporte del medio de la			27 King Pin / Perno Rey		
16 tráiler					

INSOUND **OUTBOUND**

LEFT SIDE TOP RIGHT SIDE TOP

DESCRIPTION

RIGHT SIDE

Note Repair / Repairs Completed or Pending / Nota Reparacion / Reparaciones Completadas o Pendientes: _____

Mechanic's Signature / Firma Del Mecanico: _____ Date / Fecha: _____
 Driver's Signature / Firma Del Conductor: _____ White _____

side@northstarforms.com

C Daily Driver Inspection & Trailer Inspection Report (English and Spanish) Triplicate

Driver / Operator

Form # 261



Your Logo Here

CHP Ticket Review – Required with each Ticket

Pre- Post- Trip– 5 Minute Brake Inspection Certification Form



Your Logo Here

5 Minute Pre-Trip Brake Inspection

ENGINE RUNNING

- Step 1: Air Build Time Check
85-100 < 45 Seconds
Step 2: Air Compressor Cut Out Check
120-130 psi
Step 3: Air Compressor Cut In Check >100 PSI

ENGINE OFF (KEY ON)

- Step 4: With parking brake applied,
Air Leakage Check
No Movement of Needle
No Audible Leakage
Step 5: With parking brake released,
Air Leakage Check
No Movement of Needle
No Audible Leakage
Apply firm brake pressure,
Check for Air Leak
Step 6: Low Air Warning Check
Below 60 PSI not allowed
Step 7: Parking Brake Pop Check 20-40 PSI

ENGINE RUNNING

- Step 8: Recharge Air System >100 PSI
Step 9: Parking Brake Tug Test 800-100 RPM
Step 10: Service Brake Dynamic Test <5 MPH



Your Logo Here

Inspección De Frenos en 5 Minutos Previa al Viaje

CON EL MOTOR EN MARCHA

- Paso 1: Verificación del tiempo de acumulación
de aire 85-100 en <45 segundos
Paso 2: Verificación de corte del compresor
de aire 120-130 PSI
Paso 3: Verificación de conexión del compresor
de aire >100 PSI

CON EL MOTOR APAGADO (La Llave Puesta)

- Paso 4: Aplicar freno de mano
Verificación de pérdida de aire estática
No Hay movimiento de la aguja
No Hay fugas audibles
Paso 5: Soltar freno de mano
Verificación de pérdida de aire dinámica
No Hay movimiento de la aguja
No Hay fugas audible
Aplicar freno y revisar fuga dinámica
Paso 6: Verificación de advertencia de baja presión
de aire menos de 60 PSI no permitido
Paso 7: Verificación de salto del freno de mano 20-40 PSI

CON EL MOTOR EN MARCHA

- Paso 8: Recargar el sistema de aire >100 PSI
Paso 9: Prueba de eficiencia del freno de mano
800-1000 RPM
Paso 10: Prueba dinámica del freno de servicio <5 MPH

Form # 270



253651

VEHICLE INSPECTION FORM

UNIT # _____ DATE _____

PASS	FAIL	
<input type="checkbox"/>	<input type="checkbox"/>	CAB CLEANLINESS / EXTERIOR CLEAN / WINDOWS & MIRRORS NON-DAMAGED
<input type="checkbox"/>	<input type="checkbox"/>	EXISTING / NEW DAMAGE
<input type="checkbox"/>	<input type="checkbox"/>	HOPPER / BLADE CLEAN
<input type="checkbox"/>	<input type="checkbox"/>	PAPERWORK (INSURANCE CARD, DOT CARD, REGISTRATION, AND INSPECTION DOCUMENTATION)
<input type="checkbox"/>	<input type="checkbox"/>	SAFETY EQUIPMENT (TRIANGLES, SPILL KIT, CAMERA, FIRE EXT., SEAT BELTS)
<input type="checkbox"/>	<input type="checkbox"/>	VCR FILLED OUT PROPERLY
<input type="checkbox"/>	<input type="checkbox"/>	ENGINE COMPARTMENT / CYLINDER WELLS FREE OF DEBRIS
<input type="checkbox"/>	<input type="checkbox"/>	TIRES / LUGS / RIMS IN COMPLIANCE
<input type="checkbox"/>	<input type="checkbox"/>	HOIST / BODY UP / TAILGATE / REVERSE ALARMS WORKING
<input type="checkbox"/>	<input type="checkbox"/>	ARMS / FORK UP ALARMS WORKING
<input type="checkbox"/>	<input type="checkbox"/>	HEADLIGHTS, SIGNALS, BRAKE, MARKER, LP, WORK ETC. - IN WORKING ORDER

COMMENTS:

INSPECTED BY: _____

(877) 499-0492 DONC@NORTHSTARFORMS.COM


FORM NO. 270.GEN

D Pre- Post-Trip 5 Minute Brake Inspection Certification Form
(English and Spanish)

E Vehicle Inspection Form

Driver / Operator

Form # 271



ROUTE & WORK OBSERVATIONS - DRIVERS

Your Logo Here


Route/Work Observation	Truck #	Type	Date	Time	Minutes Observed	Comments
Driver				AM/PM		
Positive Observations (What Was Best)						
Driver Performance			Acceptable	Not Acceptable	Comments	
Speed Of Travel (Due To Conditions)						
Following Distance						
Crossing/Entering Intersections						
Turning Right/Left (Use Of Lanes, Lights)						
Passing Techniques						
Backing						
Slowing/Stopping (Does Skidding Occur?)						
Start From Signals (Wait For Full Green)						
Proper Parking (4 Ways On)						
Use Of Lights (Turns, Headlights On, Strobe, 4 Ways)						
Safe Lifting/Loading Techniques						
Safety Equipment Used (Gloves, Boots, Etc.)						
Appropriate Uniform						
Avoids Zigzag Route						
Seat Belts Used						
Load Tarped/Secured						
Landfill Procedures			Acceptable	Not Acceptable	Comments	
Operates At Proper Speed (Conditions)						
Proper Distance From Other Vehicles						
Safety Equipment Used						
Hoist/Tailgate/Back-up Alarms						
Truck Condition						
Safety/Operational Items			Acceptable	Not Acceptable	Comments	
Manifest, MSDS, WSR						
Vehicle Registration / Insurance Card						
Drivers License / Dot Medical Card						
Emergency Triangles						
Reflective Body Tape						
Fire Extinguisher-Tag Date						
Mirrors (R/L, Spot) / Horn						
Headlights, Brake Lights, Tail Lights, Turn Signals						
Exhaust Smoke						
Reverse Lights / Backup Alarm						
Driver/Passenger Seats W/Seat Belts						
Clean Cab/Windows						
Wipers/Heater/Work Lights						
Clan Between Cab / Body / In Front Of Blade						
Camera Monitor / Lens-Clean & Functions						
Body / Cab Damage						
Clutch / Brake Pedal Pads						
Neutral Interlock / Throttle Speed-up						
Fluid Leaks (Where?)						
Cable & Hooks (Safety Latch)						
Tire Condition (R-R/L, M-R/L, T-R/L)						
VCR Completed Today						
OVERALL	Excellent	Acceptable	Needs Additional Review			
Drivers Signature & Date			Supervisors Signature & Date			

donc@northstarforms.com (877) 499-0492 FORM #271

F

Route & Work Observations - Drivers

Form # 282



LOADER OPERATOR'S DAILY CHECKLIST
(Complete Before The Start of Each Shift)

Your Logo Here

DATE	LOADER #	BUILDING NO.	SHIFT
<input type="checkbox"/>	<input type="checkbox"/>	HOUR METER	
OPERATOR'S SIGNATURE		SUPERVISOR'S SIGNATURE	

CHECK ANY DEFECTIVE ITEM WITH AN X AND GIVE DETAILS BELOW.

GREASE BUCKET	HOUR METER
ALARMS - BACKUP	HYDRAULIC CONTROLS
BATTERY CONNECTOR	LIGHTS - HEAD AND TAIL
BATTERY - DISCHARGE INDICATOR	LIGHTS - WARNING
BELT	TRANS OIL
BRAKES - PARKING	OIL LEAKS
BRAKES - SERVICE	OIL PRESSURE
BLOWOUT RADIATOR	
ENGINE OIL LEVEL	RADIATOR LEVEL
CAB	SAFETY EQUIPMENT
FUEL LEVEL	HYD OIL
GAUGES	TIRES
HORN	UNUSUAL NOISES
HOSES	OTHER _____

DETAILS: _____


www.northstarforms.com FORM #282

G

Loader Operator's Daily Checklist

Driver / Operator

Form # 310



Your Logo Here

Pickup Date _____ Delivery Date _____ Truck # _____

Shipper	Destination
---------	-------------

Scale Ticket	Trailer #	Commodity	Weight

Notes: _____


Start Time _____ Load Time _____ Unload Time _____ End Time _____

Driver _____ Date _____

Address

H

Delivery Ticket



Your Logo Here

Bill of Lading # _____

Carrier No. MC 159255

US DOT 545444

Pick Date: ____/____/____ Delivery Date: ____/____/____

Pickup Appt Time: ____:____ Delivery Appt Time: ____:____ Account # _____

Shipper	Destination	State	Miles
		ID	_____
		MT	_____
		OR	_____
		UT	_____

Booking # _____ Tag/Seal # _____ Truck # _____

Scale Ticket #	Container/Trailer #'s	Commodity/Description	Weight

Start Time _____ Load Time _____ Unload Time _____ End Time _____

Notes _____

--	--	--	--

Start Time _____ Load Time _____ Unload Time _____ End Time _____

Notes _____

--	--	--	--

Start Time _____ Load Time _____ Unload Time _____ End Time _____

Notes _____

Driver: _____ (Authorized Signature) Destination: _____ (Authorized Signature) Date: ____/____/____

Driver Instructions: _____


dncc@northstarforms.com (877) 499-0492 310

I

Delivery Ticket

Driver / Operator

Form # 325


800001

Your Logo Here

Address _____

Date _____ Time _____

Name _____

Bill Address _____

Job Site _____

Box No. Hauled	Box No. Returned
DRIVER	<input type="checkbox"/> Done w/ box Other <input type="checkbox"/> Delivered <input type="checkbox"/> <input type="checkbox"/> Respot
YARDS HAULED	TYPE OF WASTE
DROP BOX	
COMP. BOX	

Authorized Signature _____

J Driver Ticket, Triplicated

[illegible]

K Drop Box Service

Driver / Operator

Form # 334



Intermodal Chassis Inspection Report

The Pre & Post trip inspection is required by FMCSA 49 CFR 392.7

Carrier: Mason County Garbage VCR# 0000001
 Carrier US DOT # 929985 Date: _____ Time: _____ AM / PM
 Chassis # _____ Truck# _____ Hub Meter: _____ / _____

Place a check ☒ for any damage, defects or deficiencies and explain below.

Defective Components

PRE POST

<input type="checkbox"/>	<input type="checkbox"/>	King Pin
<input type="checkbox"/>	<input type="checkbox"/>	Air Line Couplers, Hoses, and Electrical hook up
<input type="checkbox"/>	<input type="checkbox"/>	Left Side Landing Gear and Supports
<input type="checkbox"/>	<input type="checkbox"/>	Left Side Twist Locks, Locking Pins, and Bolsters
<input type="checkbox"/>	<input type="checkbox"/>	Left Side -Frame Rails and Cross Members
<input type="checkbox"/>	<input type="checkbox"/>	Left Side -Springs, Air bags, Wheels, rims, Lugs, and Tires
<input type="checkbox"/>	<input type="checkbox"/>	Brakes
<input type="checkbox"/>	<input type="checkbox"/>	Sliders or Sliding Frame Lock
<input type="checkbox"/>	<input type="checkbox"/>	Tail/Brake Lights, Turn Signals, Marker Lights, Reflectors, Mud Flaps
<input type="checkbox"/>	<input type="checkbox"/>	Right Side -Springs, Air bags, Wheels, rims, Lugs, and Tires
<input type="checkbox"/>	<input type="checkbox"/>	Right Side -Frame Rails and Cross Members
<input type="checkbox"/>	<input type="checkbox"/>	Right Side Landing Gear and Supports
<input type="checkbox"/>	<input type="checkbox"/>	Right Side Twist Locks, Locking Pins, and Bolsters

☐ No Defects (THIS MUST BE CHECKED IF THERE ARE NO DEFECTS).

Driver's Signature: _____ Date: _____

Explain any damage, defects or deficiencies: _____

CORRECTIVE ACTION / REPAIRS MADE AS PER DOT 396.11 (1)

☐ Defects do not need to be corrected for safe operation. ☐ Defects Corrected.
 Certified by: _____ Date: _____
 Mechanic's Signature

REPAIR WORK ORDER NUMBER: _____ Date: _____

donc@northstarforms.com (877) 499-0492

334.2149

L

Intermodal Chassis Inspection Report



Roll Off Trailer - Dry

Pre & Post Trip Inspection Form

Driver Name: _____ Date: _____
 Trailer Number: _____ Mileage: _____
 Finish: _____
 Start: _____
 Total: _____

PRE-TRIP

- ☐ Turn Table
- ☐ Tires, Wheels, Rims
- ☐ Lug Nuts & Hub Oil Level
- ☐ Pintle Loop
- ☐ Tow Bar Pivot Bolts
- ☐ Safety Cables
- ☐ Glad Hands & Light Plug
- ☐ Wiring & Air Lines
- ☐ Frame & Suspension
- ☐ Tie Down Straps & Ratchet Assembly
- ☐ Lights & Reflectors
- ☐ Brake Components
- ☐ License Plate & Legal Documents
- ☐ Mud Flaps & Fenders
- ☐ Tool Box & Mounts
- ☐ Spare Tire
- ☐ Drain Air Tanks

POST-TRIP

- ☐ Turn Table
- ☐ Tires, Wheels, Rims
- ☐ Lug Nuts & Hub Oil Level
- ☐ Pintle Loop
- ☐ Tow Bar Pivot Bolts
- ☐ Safety Cables
- ☐ Glad Hands & Light Plug
- ☐ Wiring & Air Lines
- ☐ Frame & Suspension
- ☐ Tie Down Straps & Ratchet Assembly
- ☐ Lights & Reflectors
- ☐ Brake Components
- ☐ License Plate & Legal Documents
- ☐ Mud Flaps & Fenders
- ☐ Tool Box & Mounts
- ☐ Spare Tire
- ☐ Drain Air Tanks

☐ Other: _____

Description of Defects: _____

☐ Check if No Defects

Driver Signature: _____

Repairs Done By: _____ Date: _____

CORRECTIVE ACTION/REPAIRS MADE AS PER DOT 396.11 (1)

I CERTIFY THAT: ☐ ITEMS NOTED DO NOT AFFECT THE SAFE OPERATION OF THIS VEHICLE.
☐ REPAIRS OF THE NOTED DEFECTS HAVE BEEN CORRECTED.

MECHANIC'S SIGNATURE: _____ DATE: _____ / _____

VEHICLE REPAIR ORDER NUMBER: _____ DATED: _____ / _____

I HAVE REVIEWED THIS VEHICLE CONDITION REPORT


AS PER DOT 396.13 (b) & (c): DRIVER'S SIGNATURE: _____ DATE: _____ / _____

M

Roll Off Trailer - Dry
Pre- and Post- Inspection Form

Driver / Operator

Form # 334

 Your Logo Here **Trailer Pre and Post Trip Inspection**

Prior to performing maintenance follow Lockout - Tagout procedures.

Locations ☐ ☐ ☐ ☐ ☐ ☐

VCR # _____

COMPANY: _____ TRACTOR # _____

TRAILER NO. _____ MAKE: _____ YEAR: _____ DRIVER: _____ HUBMETER: _____

TYPE: ☐ VAN ☐ FLATBED ☐ OPEN TOP ☐ TANK ☐ REFRIGERATED ☐ OPEN TOP OTHER: (Describe) _____

LICENSE AND REGISTRATION: _____

MARK CLEARLY ALL DAMAGE FOUND DURING INSPECTION: "B" - Bruise; "C" - Cut; "H" - Hole; "D" - Dent; "M" - Missing.

PRE-TRIP

LEFT SIDE ☐ FLOOR ☐ FRONT ☐ REAR ☐

TOP ☐ DESCRIPTION _____

RIGHT SIDE ☐

POST-TRIP

LEFT SIDE ☐ FLOOR ☐ FRONT ☐ REAR ☐

TOP ☐ DESCRIPTION _____

RIGHT SIDE ☐

MARK EACH ITEM WITH A ✓ AS "OK" OR "NEEDS REPAIR".

PRE-TRIP	POST-TRIP	ITEM	PRE-TRIP	POST-TRIP	ITEM
O.K.	NEEDS REPAIR		O.K.	NEEDS REPAIR	
		FRONT			25. Sides
		1. Electric & Air Connections			26. Cross Members
		2. Headerboard			27. Special Equipment
		3. 5th Wheel Plate & Kingpin			28. Bells
		4. Ladders/Catwalks			EXTERIOR (IF APPLICABLE)
		5. Lights			29. Inspect Auto Tap for condition and proper operation.
		6. Landing Gear			30. Can Locks Locked
		7. Lights, Clearance Markers			31. Inspect Auto Tap for warning device for audible alarm and light.
		8. Tires			RIGHT SIDE
		9. Brakes			32. Reflectors
		10. Wheels, Lugs & Seals			33. Wheels, Lugs & Seals
		11. Reflectors			34. Brakes
		12. Mid Turn Signal			35. Tires
		13. Inspect side for DOT reflective tape condition.			36. Lights, Clearance Markers
		REAR			37. Landing Gear
		14. Lights			38. Mid Turn Signal
		15. Stop, Turn & Tail Lights			39. Inspect side for DOT reflective tape condition.
		16. Reflectors			UNDERSIDE
		17. Mud Flaps			40. Springs & U-Bolts
		18. Rear DOT Bumper			41. Electrical Wiring
		19. Doors & Latches			42. Airlines & Hoses
		20. Rear Door Air Switch			43. Spare Tire, Rack & Chains
		21. Inspect top for DOT reflective tape condition.			44. Brakes
		22. Inspect rear door for wide right turn sign.			45. Hydraulic Leaks
		23. Inspect rear door condition and note large gaps.			46. Walking Floor & Cylinders
		INTERIOR (IF APPLICABLE)			47. Air Leaks
		24. Floor & Floor Planks			48. Air Tank Bracket

PRE-TRIP INSPECTED BY: _____ PRE-TRIP TERMINAL: _____ PRE-TRIP DATE: _____

POST-TRIP INSPECTED BY: _____ POST-TRIP TERMINAL: _____ POST-TRIP DATE: _____

CORRECTIVE ACTION / REPAIRS MADE AS PER DOT 396.11 (1)


I CERTIFY THAT: ☐ ITEMS NOTED DO NOT AFFECT THE SAFE OPERATION OF THIS VEHICLE.
☐ REPAIRS OF THE NOTED DEFECTS HAVE BEEN CORRECTED.

MECHANIC'S SIGNATURE: _____ DATE: ____/____/____

VEHICLE REPAIR ORDER NUMBER: _____ DATE: ____/____/____

I HAVE REVIEWED THIS VEHICLE CONDITION
 REPORT AS PER DOT 396.13 (b) & (c): DRIVER'S SIGNATURE: _____ DATE: ____/____/____

North Star Forms LLC (877) 499-0492 Form No. 1

 Your Logo Here **Trailer Pre and Post Trip Inspection**

VCR # _____

COMPANY: _____ TRACTOR # _____

TRAILER NO. _____ MAKE: _____ YEAR: _____ DRIVER: _____ HUBMETER: _____

TYPE: ☐ VAN ☐ TANK ☐ FLATBED ☐ REFRIGERATED ☐ OPEN TOP OTHER: (Describe) _____

MARK CLEARLY ALL DAMAGE FOUND DURING INSPECTION: "B" - Bruise; "C" - Cut; "H" - Hole; "D" - Dent; "M" - Missing.

INBOUND

LEFT SIDE ☐ FLOOR ☐ FRONT ☐ REAR ☐

TOP ☐ DESCRIPTION _____

RIGHT SIDE ☐

OUTBOUND

LEFT SIDE ☐ FLOOR ☐ FRONT ☐ REAR ☐

TOP ☐ DESCRIPTION _____

RIGHT SIDE ☐

MARK EACH ITEM WITH A ✓ AS "OK" OR "NEEDS REPAIR".

INBOUND	OUTBOUND	ITEM	INBOUND	OUTBOUND	ITEM
O.K.	NEEDS REPAIR		O.K.	NEEDS REPAIR	
		FRONT			RIGHT SIDE
		1. Electric & Air Connections			28. Reflectors
		2. Headerboard			29. Wheels & Lugs
		3. 5th Wheel Plate & Kingpin			30. Brakes
		4. Ladders/Catwalks			31. Tires
		5. Lights			32. Lights
		6. Other			33. Landing Gear
		LEFT SIDE			34. Other
		7. Landing Gear			UNDERSIDE
		8. Lights			35. Frame & Crossmembers
		9. Tires			36. Springs & U-Bolts
		10. Brakes			37. Electrical Wiring
		11. Wheels & Lugs			38. Airlines & Hoses
		12. Reflectors			39. Spare Tire, Rack & Chains
		13. Other			40. Brakes
		REAR			41. Hydraulic Leaks
		14. Lights			42. Walking Floor
		15. Stop, Turn & Tail Lights			43. Other
		16. Reflectors			TANK (IF APPLICABLE)
		17. Mud Flaps			44. Cables
		18. Rear Bumper			45. Dome & Gaskets
		19. Doors & Latches			46. Valves External
		20. Other			47. Valves Internal
		INTERIOR (IF APPLICABLE)			48. Other
		21. Floor			REFRIG. UNIT (IF APPL.)
		22. Sides			49. Fuel Level
		23. Roof			50. Oil Level
		24. Special Equipment			51. Belts
		25. Other			52. Hoses & Cables
		EXTERIOR (IF APPLICABLE)			53. FHWA Sticker Current
		26. Tarps/Stops/Cranks			54. Other
		27. Can Locks Locked			

OUTBOUND INSPECTED BY: _____ OUTBOUND TERMINAL: _____ OUTBOUND DATE: _____

INBOUND INSPECTED BY: _____ INBOUND TERMINAL: _____ INBOUND DATE: _____

CORRECTIVE ACTION / REPAIRS MADE AS PER DOT 396.11 (1)

I CERTIFY THAT: ☐ ITEMS NOTED DO NOT AFFECT THE SAFE OPERATION OF THIS VEHICLE.
☐ REPAIRS OF THE NOTED DEFECTS HAVE BEEN CORRECTED.

MECHANIC'S SIGNATURE: _____ DATE: ____/____/____

VEHICLE REPAIR ORDER NUMBER: _____ DATED: ____/____/____

I HAVE REVIEWED THIS VEHICLE CONDITION
 REPORT AS PER DOT 396.13 (b) & (c): DRIVER'S SIGNATURE: _____ DATE: ____/____/____

North Star Forms LLC (877) 499-0492

N

Trailer Pre- and Post-Trip Inspection

O

Trailer Pre- and Post-Trip Inspection

Driver / Operator

Form # 360

Form # D142

Container Condition Report



Container #

CURRENT LOCATION

DATE

ADDITIONAL INFO

Container Type/Size

Roll-Off

- ☐ 10 Yard Open
- ☐ 20 Yard Open
- ☐ 30 Yard Open
- ☐ 40 Yard Open
- ☐ 30 Yard Compactor/Enclosed
- ☐ 40 Yard Compactor/Enclosed

Frontload

- ☐ 1 Yard
- ☐ 2 Yard
- ☐ 3 Yard
- ☐ 4 Yard
- ☐ 6 Yard
- ☐ 8 Yard
- ☐ 10 Yard

Rearload

- ☐ 2 Yard
- ☐ 3 Yard
- ☐ 4 Yard
- ☐ 6 Yard
- ☐ 8 Yard
- ☐ 10 Yard

Container Condition

NAME	Like New	Good	Poor	NAME	Like New	Good	Poor
Paint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wheels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stickers/Decals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lids/Latches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hinges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trunnion Bars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rollers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lock Bar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pin-Off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tailgate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Turnbuckles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Container	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor/Bottom Sides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Damage Diagram



Additional Comments



2024 January 2024

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

☐ L.Q. 3rd
 ☐ N.M. 11th
 ☐ F.Q. 17th
 ☐ F.M. 25th

P

Container Condition Report

Q

Calendar

Driver / Operator

Form # 156HG-160H

[illegible]

R

Hauling File Folders

Shop

Form # 109


[illegible]

A

Shop Planner

Shop

Form # 112



Your Logo Here

TIRE CHANGE RECORD

CHECK ONE
☐ TRUCK ☐ DOLLEY ☐ TRAILER

VEHICLE NO. _____

WORK ORDER # _____ DATE OF CHANGE _____

TIRE SIZE _____ ODOMETER/HUBMETER READING _____


DRIVER/SERVICEMAN _____ WHERE CHANGED _____

CODE	Position		OFF		ON		NEW TIRE	RECAP	USED	RECAP
	TRK	TLR	MFG	BRAND	MFG	BRAND				
	LF	1RO								
	RF	1RI								
		1LO								
	LD	1LI								
	RD	2RO								
		2RI								
	LFO	2LO								
	LFI	2LI								
	LRO	3RO								
	LRI	3RI								
		3LO								
	RFO	3LI								
	RFI	4RO								
	RRO	4RI								
	RRI	4LO								
		4LI								

CODES - REASON FOR REMOVAL
 5 - Retreading 12 - Junk (note reason & tread depth) 16 - Other (Explain)
 13 - Stock 11 - Section Repair (note if need back)

ADDITIONAL INFORMATION _____

Form # 128



Company Name


SHOP COMMUNICATION

☐ REPAIR MADE
☐ TEMP REPAIR MADE
☐ NOT REPAIRED
☐ PART ON ORDER
☐ SCHEDULED FOR REPAIR AT LATER DATE
☐ COULD NOT DUPLICATE PROBLEM

☐ NOT ABLE TO DIAGNOSE— FURTHER WORK NEEDED
☐ WHEELS NEED RE-TORQUE (SEE TIRE TECH BEFORE PARKING)
☐ SPEAK WITH SHIFT LEAD OR TECH REGARDING YOUR TRUCK (SEE NOTES)

THANK YOU!

www.northstarforms.com



Company Name

SHOP COMMUNICATION

☐ REPAIR MADE
☐ TEMP REPAIR MADE
☐ NOT REPAIRED

☐ PART ON ORDER
☐ NOT ABLE TO DIAGNOSE— FURTHER WORK NEEDED

WO# _____

NAME _____

THANK YOU!

donc@northstarforms.com (877)499-0492 Form# 128.2111(5x7)

B Tire Change Record

D Shop Communication 5x7

Shop

Form # 128

ATTENTION

Wheel Re-Torque Required

Truck # _____ DATE ____/____/____

Attention Driver:

A wheel end service was performed on this truck that requires the wheel(s) to be re-torqued.

Please turn in this card with the white VCR after operating this vehicle.

Thank you for helping us keep YOU SAFE!

Wheel Position (circle locations)

		RRO	RROT	
RF	RP	RRI	RRIT	RT
LF	LP	LRI	LRIT	LT
		LRO	LROT	

Scheduled on WO# _____

E Shop Communication, Wheel Re-Torque Required

Form # 153

Maintenance record

OVERHEAD ADJUSTMENT AND SPARK PLUG REPLACEMENT ISXG AND ISLG

Mechanic Name _____

Date _____

Unit # _____

Miles _____

Hours _____

☐ Spark plugs replace _____

☐ Inspect coils _____

☐ Intake set at _____

☐ Exhaust set at _____

☐ Install new valve cover gasket _____

☐ Check oil level / Amount added _____

☐ Check coolant / Amount added _____

☐ Inspect belt and ☐ replace if need _____

☐ Check charging system / Reading _____

☐ ISL engines need an overhead adjusted at 2000 hours spark plugs at 1500 hours

☐ ISX engines need an overhead adjusted at 2000 hours spark plugs at 1000 hours

Mechanic Signature _____

donc@northstarforms.com (877) 499-0492

SHOP COPY

Form #153

F Maintenance Record,
Overhead Adjustment and Spark Plug Replacement

Shop

Form # 150

[illegible][illegible]

G Truck PM Inspection, 4 pages



Shop

Form # 150g

PREVENTIVE MAINTENANCE INSPECTION

HAULING COMPANY
Preventive maintenance is a requirement of WCI and Sec. 396.3 of the Federal Motor Carrier Safety Regulation Handbook

PM-A INSPECTION
PM-B INSPECTION
PM-E ANNUAL D.O.T. INSPECTION ITEMS
Use a ✓ mark in the column to indicate no repair or adjustment needs to be made.
Use an X in column to indicate a repair needs to be made.
Use an NIE in column to indicate vehicle not equipped.

TYPE OF PM PERFORMED: ☐

DATE: _____

UNIT # _____

ODOMETER: _____

CHASSIS HRS: _____

RO # _____

CHECK	Code	INT	CHECK	Code	INT	CHECK	Code	INT
CAB/DRIVE			Check and adjust tire pressure, record current PSI & tread depth below.			Rear suspension system for damage, cracks, or excessive wear		A/E
Obvious leaks under engine, transmission & rear axles	A/E					Differential(s) pinion bearing for looseness or leaks		B/E
Operation and adjustment of door, door latches, and hinges; lubricate	A					Differential(s) housing, bolts and gaskets for looseness or leaks		B
Condition & operation of seats, seat adjusters & seat belts; lubricate	A	/32			/32	Replace differential filter, if applicable		B
Clutch pedal travel - top & bottom	A					Differential(s) oil level		A
Air pressure - holding and leaked off	A/E	/32			/32	Clean differential(s) breather vent		B
Air leaks on brake application, not to exceed 3# in one minute	A/E	/32		/32	/32	Inspect rear brakes, drums & wheel seals		A/E
Bleed down air pressure, enter alarm pressure setting	A/E					ENGINE		
Enter air governor cut out pressure	A	/32		/32	/32	Raise cab or hood, check mounting, pivot points, hinges & latches		A
Operation of dash gauges, interior lights, and switches	A	/32			/32	Replace engine oil & fuel filters, inspect and clean magnetic plug, if applicable		B
Enter engine oil pressure - warm	A	/32			/32	Drain fuel/water separator, if applicable		B
# High idle	A					Service cooling system filter, if applicable		B
Enter engine governed RPMs	A					Pressure test radiator cap		B
Lo idle	A					Pressure test cooling system		B
Check engine for any unusual noise	A					Ensure radiator cap is clearly marked for coolant type		B
Operation of heater, defrosters & other accessories	A					Service power steering filter, top off system		B/E
Operation of Scale, Radio & other electrical accessories	A					Service emissions systems, if applicable		B
Operation of horn, air and electric	A					CARB/CA Districts only: Inspect and clean OEM engine and DEC3 tags on engine		B
Cycle hydraulic system	A					CARB/CA Districts only: Inspect and clean DEC3 tags on emissions control device		B
Operation of parking brake	A/E					Record Deg. protection		A
Operation of speedometer and tachometer	A					Test cooling system conditioner; add as required. Test pH.		B
Operation of transmission and clutch	A					All belts for condition & proper adjustment		A
Operation of Tag or Pusher Axle	A					Alternator mounting brackets & related wiring		A
Operation of windshield wipers & washers	A/E					Air compressor & mounting		A/E
Steering wheel play and tube steer column shaft	A/E					Water pump bearing for looseness		A
Condition of underdash wiring	A					Check fan blade and fan shroud for cracks & condition		A
Condition of windows, slides & regulators; lubricate	A/E					Service air compressor filter, if applicable		A/E
Condition of exterior mirrors	A					Air compressor intake hose for cracks or wear		A/E
Check Sun Visor	A					Start engine; inspect filters, gaskets & fuel lines for leakage		A/E
Safety equipment, fire extinguisher, spill kit	A					Check for leaks & coolant hose condition while under pressure		A
CARB/CA Districts only: Inspect OEM or retrofit emission control system indicator/light	A/E					Clean the air induction system for cracks or leaks; check clamps		A
CARB/CA Districts only: Inspect CARB door label - pre 2007 engine model	A/E					Air cleaner restriction - maximum 20 inches of vacuum		B
WALKAROUND						Clean & blow out radiator		B
Wheels, nuts, and studs for looseness or cracks or wheel alignment	A/E					All visible bolts, engine mounting, hoses & wiring harnesses		A
Wheel bearing reservoirs for correct level and leaks if applicable	A/E					Fuel pump & governor seals - report if broken or missing		A
Axle flange nuts, gaskets & seals for looseness or leakage	A/E					Throttle linkage & return springs lubricate		A
Irregular tire wear or mismatched tires	A/E					Test engine shutdown systems		A
Record tire pressure in pounds on tire chart - correct pressures as needed	A/E							
Check PTO, Lubricate shaft	A							

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Form 150 Rev. 20211 SIDE 1

BODY INSPECTION

CHECK	Code	INT	CHECK	Code	INT	CHECK	Code	INT
WALKAROUND			INSIDE			FRONT END LOADER		
1) Inspect body mounts and fasteners	A/E		1) Inspect access ladder and door for damage, lubricate as necessary	A		1) Lubricate and inspect Forks and Arms for damage and wear	A	
2) Inspect entire body for holes and damage if applicable	A		2) Inspect floors and channels (tracks) for wear	A		2) Lubricate and inspect Fork cross shaft bearing	A	
3) Inspect rails, frame and bed for cracks and damage if applicable	A/E		3) Inspect wear blocks and fasteners	A		3) Lubricate and inspect Fork cylinder, mounts and pins	A	
4) Inspect hydraulic tank mounts and fasteners	A		4) Inspect ejector panel or pushout blade for damage	A		4) Lubricate and inspect Lift arm cross shaft	A	
5) Check hydraulic tank level	A		5) Inspect and lubricate cylinder pivots, anchors, pins and wear points as needed	A		5) Lift arm cylinder, mounts and pins	A	
6) Service hydraulic tank breathers	B		6) Inspect cylinders for signs of leaking	A		6) Lift arm stop pads	A	
7) Check all Containers / hold downs & ratchets	A/E		7) Operate ejector system, lubricate all Clevis pins and control cables. Inspect all steel lines, hoses, control valve and cylinders for leaks.	A		7) Inspect condition and mounting of cab guard and hopper door shield	A	
ROLLOFF			TAILGATE INSPECTION			8) Operate Forks and Arms, check for play and inspect cylinders, steel lines and hoses for leaks, lubricate control mechanisms	A	
1) Lubricate and inspect rollers	A		1) Inspect bottoms, sides, steps, channels for damage	A		9) Arm & Fork-up Alarm Operational	ALL	
2) Lubricate and inspect sheaves, pins, and cable blocks	A/E		2) Inspect all cylinder hubs and anchors for damage	A		OVERHEAD HOIST		
3) Inspect hoist cable for damage	A/E		3) Lubricate all cylinders, pivots, pins and bushings	A		1) Inspect box fasteners and mounts for damage	A	
4) Inspect reeving cylinders for signs of leaking and lubricate as needed	A		4) Inspect blades (if applicable) for damage, cracks, etc.	A		2) Inspect reaving cylinder and winch	A	
5) Operate and raise hoist or flatbed, lubricate and inspect all control linkage and piston pivot points	A		5) Lubricate pivot points and bushings (if applicable)	A		3) Inspect and lubricate sheaves, pulleys, and pins	A	
6) Inspect all steel lines, hoses, cylinders and control valves for leaks and damage	A		6) Operate cycle mechanisms (if applicable) lubricate and inspect all rollers, roller tracks, linkages	A		4) Inspect cables and hook for damage	A	
7) Lower hoist or set ramp body, ensure square fit	A		7) Inspect all steel lines, hoses, cylinders and operating valves for leaks or wear (as applies)	A		5) Operate system, check valve cylinders, hoses and steel	A	
8) Inspect hoist up alarm	ALL		8) Lines for leaks	A		6) Check Boom Alarm	A	
TRACTORS			RECYCLE (general)			7) Check Boom Alarm	A	
1) Inspect operation of Tractor Protection Valve	A/E		1) Inspect all hoisting and dumping mechanisms	A		MAN / ASL		
2) Inspect operation of Trailer Hand Brake Valve	A/E		2) Lubricate and inspect pivot points, pins, bushings and rollers	A		1) Inspect & lubricate arm	A	
3) Inspect operation of Trailer Air Hoses	A/E		3) Operate and inspect all hoses, steel lines, operating valves and cylinders. Check for wear and leaks	A		2) Inspect arm alarm	A	
4) Inspect operation of Glad Hands and Seals	A/E		4) Right side valve, check door and safety chains	A		3) Inspect body / hoist alarm	A	
5) Inspect operation of Light Cord & Plug	A/E		5) Check Hoist Alarm	A		4) Inspect & lubricate gripper bushings and bearings	A	
6) Lubricate & inspect 5th Wheel, jaws, latch & mounting	A/E					5) Inspect pack blade and follower panel	A	
Inspect brake lining for looseness and record thickness in /32.						6) Inspect & lubricate cart tipper	A	

ALTERNATE ANNUAL D.O.T. INSPECTION CERTIFICATION

AFTER COMPLETION OF INSPECTION, IF ALL SHADED CODE COLUMN ITEMS ARE IN COMPLIANCE, THIS QUALIFIES AS THE FEDERAL ANNUAL INSPECTION FORM. COMPLETE THIS BOX FOR CERTIFICATION.

DATE OF INSPECTION: _____
NAME AND ADDRESS OF MOTOR CARRIER WHERE THE INSPECTION REPORT IS MAINTAINED: _____

THIS VEHICLE HAS PASSED AN ANNUAL INSPECTION CONDUCTED IN ACCORDANCE WITH 49 CFR, PART 396.17, FMCSR

AUTHORIZED SIGNATURE _____

NOTE: ALL REPAIRS ON REPAIR ORDER. NOTIFY SUPERVISOR OF ANY MAJOR PROBLEMS IMMEDIATELY. I HAVE CHECKED ALL OF THE ABOVE AND NOTED ALL DEFECTS REALIZING MANY MAY CONTRIBUTE TO THE SAFE OPERATION OF THIS VEHICLE

MECHANICS SIGNATURE _____ DATE _____
MANAGERS/SUPERVISORS APPROVAL _____ DATE _____

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Form 150 Rev. 20211 SIDE 2

Shop

Form # 160



Your Logo Here

Brake Inspection Sheet

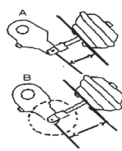
Truck # Miles:

Date: _____

	PRE	POST
<i>N</i>	60	60
Mean age (SD)	78.9 (5.1)	78.9 (5.1)
Female (%)	60	60
Married (%)	60	60
Education (years) (SD)	12.5 (2.1)	12.5 (2.1)
Income (\$1000/year) (SD)	15.2 (3.5)	15.2 (3.5)
Depression (mean SD)	1.2 (0.8)	1.2 (0.8)
ADL (mean SD)	18.5 (4.2)	18.5 (4.2)
IADL (mean SD)	12.1 (3.8)	12.1 (3.8)
Bowel function (mean SD)	1.5 (0.7)	1.5 (0.7)
Urinary function (mean SD)	1.8 (0.9)	1.8 (0.9)
Stress (mean SD)	2.1 (1.2)	2.1 (1.2)
Social support (mean SD)	3.5 (1.5)	3.5 (1.5)
Loneliness (mean SD)	2.8 (1.1)	2.8 (1.1)
Life satisfaction (mean SD)	4.2 (1.8)	4.2 (1.8)
Quality of life (mean SD)	5.1 (2.2)	5.1 (2.2)

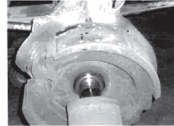
Chamber Size	Allowable Throw	#1 Axle	
9	1 1/2 Inches	Left	Right
12	1 1/2 Inches		
16	3 3/4 Inches	#2 Axle	
20	1 3/4 Inches	Left	Right
24	3 3/4 Inches		
30	2 Inches	#3 Axle	
36	2 1/2 Inches	Left	Right
		#4 Axle	
		Left	Right

Throw= B - A
A = Brakes Release



B = Brakes Applied (100 PSI)

8/32 nds Lining Thickness = OOS



Brake Job is Due at 10/32 nds

Record Brake Lining in %		
Left		Right
	Axle 1	
	Axle 2	
	Axle 3	
	Axle 4	

Throws exceeding allowable range = OOS

	Check off when complete.	
1	Log in brake throw.	
2	Log in brake wear.	
3	Brakes within proper spec?	
4	Leaks checked	
5	Chaffed air lines	
6	Component Secure	
7	ABS Light on?	

Completed By:

Supervisor approval & date:

Use this space for remarks:

[illegible]

Shop

Form # 170

VEHICLE OUT OF SERVICE

Vehicle Number _____

Date Out _____ Date In _____

Out of Service By _____

Estimate of Repair Cost _____

Date Parts Ordered _____

Vendor Used For Parts _____

Vendor Used For Service _____

Reason For Repair _____

Form # 209

○ ○ ○ ○ ○ ○ ○ ○ +  ○ ○
Green

PARTS ORDER REQUEST FORM **21001**

DATE REQUESTED: _____ WO# _____

TRUCK#: _____ VIN#: _____

PARTS NEEDED: _____

ORDERED FROM: _____

COMMENTS: _____

REQUESTED BY: _____

PLEASE ATTACH THIS SHEET TO THE VCR OR REPAIR ORDER FOR THE ABOVE TRUCK.

donc@NorthStarForms.com (877) 499-0492

Form #209

J

Vehicle Out of Service

K

Parts Order Request Form

Shop

Form # 249Gen

EQUIPMENT NO: _____ DATE OF REPAIR ____/____/____ ENGINE HOURS _____ MACHINE TYPE _____ LOCATION NO: _____ Continued from RO: _____				RO No: _____			
HEAVY EQUIPMENT REPAIR ORDER							
QUAN	PART NO.	PART	PRICE EACH	EXTENDED AMOUNT	REPAIR DESCRIPTION	LABOR HOURS	
					Complaint _____	IN OUT	
					Cause _____	IN OUT	
					Correction _____	IN OUT	
					Complaint _____	IN OUT	
					Cause _____	IN OUT	
					Correction _____	IN OUT	
					Complaint _____	IN OUT	
					Cause _____	IN OUT	
					Correction _____	IN OUT	
					Complaint _____	IN OUT	
					Cause _____	IN OUT	
					Correction _____	IN OUT	
					Complaint _____	IN OUT	
					Cause _____	IN OUT	
					Correction _____	IN OUT	
					Complaint _____	IN OUT	
					Cause _____	IN OUT	
					Correction _____	IN OUT	
TOTAL PARTS COST →					TOTAL LABOR HOURS →		
Gallons of Motor Oil Used _____ Gallons of Hydraulic Oil Used _____ Gallons of Transmission Oil Used _____				Gallons of Gear Oil Used _____ Gallons of Anti-Freeze Used 50-50 _____ Gallons of Extended Life Anti-Freeze Used _____			
Mechanic Signature _____				Manager Signature _____			

Revised 06/09

Form # 249
NORTH STAR FORMS, LLC (877) 499-0492

L

Heavy Equipment Repair Order

To order, call: **877-499-0492**

northstarforms.com

Shop

Form # 250



Your Logo Here **Container Shop Work Order**

Name _____ Date _____

Time In _____ Time Out _____

Repair _____

Time In _____ Time Out _____

Repair _____

Time In _____ Time Out _____

Repair _____

Time In _____ Time Out _____

Repair _____

Time In _____ Time Out _____

Repair _____

Time In _____ Time Out _____

Repair _____

www.NorthStarForms.com

Form #250.2111

Form # 255

 Your Logo Here

TRAILER REPAIR REQUEST

DRIVER:

HUB METER:

CONTRACTOR:

DISTRICT: _____

TRAILER

YARD/LOCATION:

VAN FLATBED CHASSIS WALKING FLOOR END DUMP CONTAINER TANK

✓ Check Each Item as "OK" or "NEEDS REPAIR"

OK	Needs Repair	ITEM	OK	Needs Repair	ITEM
		<u>Front</u>			<u>Right Side</u>
		Electric/Air Connections			Reflectors
		Headerboard			Wheels/Lugs
		5th Wheel Plate/King Pin			Brakes
		Ladders/ Catwalks			Tires
		Lights			Lights
		Other			Landing Gear
		<u>Left Side</u>			Other
		Landing Gear			<u>Underside</u>
		Lights			Frame/Crossmembers
		Tires			Springs/U-Bolts
		Brakes			Electrical Wiring
		Wheels/Lugs			Airlines/Hoses
		Reflectors			Spare Tire/Rack/Chains
		Other			Brakes
		<u>Rear</u>			Hydraulic Leaks
		Lights			Walking Floor
		Stop/Turn/Tail Lights			Other
		Reflectors			<u>Air Tanks</u>
		Mud Flaps			Drain Cables
		Rear Bumper			Valves External
		Doors/Latches			Brake Can
		Other			Other
		<u>Interior</u>			<u>Exterior</u>
		Floor			Damage to Box
		Sides			Tarps/Stops/Cranks
		Roof			Can locks locked
		Special Equipment			Special Equipment
		Other			Other

Comments/ Description:

Requested By:

Date:

Repaired By:

Date:

www.NorthStarForms.com

Form #255

M

Container Shop Work Order

N

Trailer Repair Request

To order, call: **877-499-0492**

northstarforms.com

Shop

Form # 250

[illegible]

Shop

Form # 250Gen

[illegible]

P

Vehicle Repair Order, 2 page

SYSTEMS CODES


<p>PREVENT. MAINT.</p> <p>PMA = 14 DAY PM PMB = 42 DAY PM PC = AUTO TRANS SVC PMD1 = HYDRAUL. SVC PMD2 = REGUMIN TRANS SERV PME = ENGINE TUNE PMA = WATERIZATION PMF = ANK. DOT PREC PMF = RODMAN BEARING IMP PMG = TRAILER PM INS PMH = PICKUP TRIP MS</p>	<p>WHEEL/HUB/BRAKE</p> <p>20 - AIR COMPRESSOR 21 - AIR DRYER 22 - AIR FILTER 23 - AIR TANK 24 - BRAKE CALIPER 25 - BRAKE CHAMBER 26 - BKR. LINDPAP 27 - BRK. VALVE 28 - DRUM/ROTOR 29 - SLACK ADJUSTER 30 - WHEEL BEARING 31 - WHEEL SEAL 32 - OTHER WHEEL</p>	<p>COOL. LINE/SHOE</p> <p>41 - COOLANT VALVE 42 - COOLANT WATER 44 - EXHAUST SYSTEM 45 - FAN BELT 46 - FAN/PAN CLUTCH 47 - FAN THERM. SW 48 - RADIATOR 49 - SHUTTER 50 - THERMOSTAT 51 - WATER MANFOLD 52 - WATER PUMP 54 - WATER COOLING</p>	<p>DRIVE TRAIN</p> <p>50 - AXLE HOUSING 51 - AXLE SHAFT 52 - AXLE BEARING 53 - CLUTCH 54 - DIFFERENTIAL 55 - DIFFERENTIAL 56 - DRIVE SHAFT 57 - FLYWHEEL 58 - SHUNT LINKAGE 59 - SHIRT LINKAGE 60 - TRANS. MANUAL 61 - TRANS. MOUNT 62 - TRANS. TRANSL. 63 - U-JOINT 64 - OTHER DTRN</p>	<p>GLASS</p> <p>65 - HEADLIGHT 66 - MIRROR 67 - SEAT 68 - SEAT 69 - SEAT 70 - SEAT 71 - SEAT 72 - SEAT 73 - SEAT 74 - SEAT 75 - SEAT 76 - SEAT 77 - SEAT 78 - SEAT 79 - SEAT 80 - SEAT 81 - SEAT 82 - SEAT 83 - SEAT 84 - SEAT 85 - SEAT 86 - SEAT 87 - SEAT 88 - SEAT 89 - SEAT 90 - SEAT 91 - SEAT 92 - SEAT 93 - SEAT 94 - SEAT 95 - SEAT 96 - SEAT 97 - SEAT 98 - SEAT 99 - SEAT 100 - SEAT</p>	<p>HYDRAULICS</p> <p>90 - AX. AUX. ENGINE 91 - CYLINDER 92 - DRY DRY 93 - FUEL CONTROL 94 - HYD. FILTER 95 - HYD. PUMP 96 - HYD. PUMP 97 - HYD. TANK 98 - HYD. TANK 99 - OVERFLO. TANK 100 - OVERFLO. TANK 101 - PTD SHAF 102 - PTD SHAF 103 - PTD SHAF 104 - PTD SHAF 105 - PTD SHAF 106 - PTD SHAF 107 - PTD SHAF 108 - PTD SHAF 109 - PTD SHAF 110 - PTD SHAF 111 - PTD SHAF 112 - PTD SHAF 113 - PTD SHAF 114 - PTD SHAF 115 - PTD SHAF 116 - PTD SHAF 117 - PTD SHAF 118 - PTD SHAF 119 - PTD SHAF 120 - PTD SHAF</p>	<p>INDIRECT</p> <p>C1 - FUELING/LOADING C2 - FIRE TRIP C3 - BATTERY SERV C4 - START VEHICLE C5 - TRUCK RAMP C6 - TRUCK WASHING</p>	<p>INDIRECT</p> <p>E1 - BLYSD/MAN E2 - CLEANING E3 - CLERICAL E4 - CLERICAL E5 - OPERATIONS E6 - PART HANDLING E7 - PARTS PICKUP E8 - RECLAIM/SAF E9 - SPOOL/CO. BIR E10 - ENGINE PROTECT E11 - SPOOL/CO. BIR E12 - SPOOL/CO. BIR E13 - SPOOL/CO. BIR E14 - SPOOL/CO. BIR E15 - SPOOL/CO. BIR E16 - SPOOL/CO. BIR E17 - SPOOL/CO. BIR E18 - SPOOL/CO. BIR E19 - SPOOL/CO. BIR E20 - SPOOL/CO. BIR E21 - SPOOL/CO. BIR E22 - SPOOL/CO. BIR E23 - SPOOL/CO. BIR E24 - SPOOL/CO. BIR E25 - SPOOL/CO. BIR E26 - SPOOL/CO. BIR E27 - SPOOL/CO. BIR E28 - SPOOL/CO. BIR E29 - SPOOL/CO. BIR E30 - SPOOL/CO. BIR E31 - SPOOL/CO. BIR E32 - SPOOL/CO. BIR E33 - SPOOL/CO. BIR E34 - SPOOL/CO. BIR E35 - SPOOL/CO. BIR E36 - SPOOL/CO. BIR E37 - SPOOL/CO. BIR E38 - SPOOL/CO. BIR E39 - SPOOL/CO. BIR E40 - SPOOL/CO. BIR E41 - SPOOL/CO. BIR E42 - SPOOL/CO. BIR E43 - SPOOL/CO. BIR E44 - SPOOL/CO. BIR E45 - SPOOL/CO. BIR E46 - SPOOL/CO. BIR E47 - SPOOL/CO. BIR E48 - SPOOL/CO. BIR E49 - SPOOL/CO. BIR E50 - SPOOL/CO. BIR E51 - SPOOL/CO. BIR E52 - SPOOL/CO. BIR E53 - SPOOL/CO. BIR E54 - SPOOL/CO. BIR E55 - SPOOL/CO. BIR E56 - SPOOL/CO. BIR E57 - SPOOL/CO. BIR E58 - SPOOL/CO. BIR E59 - SPOOL/CO. BIR E60 - SPOOL/CO. BIR E61 - SPOOL/CO. BIR E62 - SPOOL/CO. BIR E63 - SPOOL/CO. BIR E64 - SPOOL/CO. BIR E65 - SPOOL/CO. BIR E66 - SPOOL/CO. BIR E67 - SPOOL/CO. BIR E68 - SPOOL/CO. BIR E69 - SPOOL/CO. BIR E70 - SPOOL/CO. BIR E71 - SPOOL/CO. BIR E72 - SPOOL/CO. BIR E73 - SPOOL/CO. BIR E74 - SPOOL/CO. BIR E75 - SPOOL/CO. BIR E76 - SPOOL/CO. BIR E77 - SPOOL/CO. BIR E78 - SPOOL/CO. BIR E79 - SPOOL/CO. BIR E80 - SPOOL/CO. BIR E81 - SPOOL/CO. BIR E82 - SPOOL/CO. BIR E83 - SPOOL/CO. BIR E84 - SPOOL/CO. BIR E85 - SPOOL/CO. BIR E86 - SPOOL/CO. BIR E87 - SPOOL/CO. BIR E88 - SPOOL/CO. BIR E89 - SPOOL/CO. BIR E90 - SPOOL/CO. BIR E91 - SPOOL/CO. BIR E92 - SPOOL/CO. BIR E93 - SPOOL/CO. BIR E94 - SPOOL/CO. BIR E95 - SPOOL/CO. BIR E96 - SPOOL/CO. BIR E97 - SPOOL/CO. BIR E98 - SPOOL/CO. BIR E99 - SPOOL/CO. BIR E100 - SPOOL/CO. BIR</p>
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To order, call: **877-499-0492**

northstarforms.com

Shop

Form # 250



Your Logo Here Container Shop Work Order

Name _____ Date _____

Time In _____ Time Out _____

Repair _____

Time In _____ Time Out _____

Repair _____

Time In _____ Time Out _____

Repair _____

Time In _____ Time Out _____

Repair _____

Time In _____ Time Out _____

Repair _____

Time In _____ Time Out _____

Repair _____

Time In _____ Time Out _____


Repair _____

Time In _____ Time Out _____

Repair _____

www.NorthStarForms.com Form #250.2111

Form # 270Gen



253651

VEHICLE INSPECTION FORM

UNIT # _____ DATE _____

PASS	FAIL	
<input type="checkbox"/>	<input type="checkbox"/>	CAB CLEANLINESS / EXTERIOR CLEAN / WINDOWS & MIRRORS NON-DAMAGED
<input type="checkbox"/>	<input type="checkbox"/>	EXISTING / NEW DAMAGE
<input type="checkbox"/>	<input type="checkbox"/>	HOPPER / BLADE CLEAN
<input type="checkbox"/>	<input type="checkbox"/>	PAPERWORK (INSURANCE CARD, DOT CARD, REGISTRATION, AND INSPECTION DOCUMENTATION)
<input type="checkbox"/>	<input type="checkbox"/>	SAFETY EQUIPMENT (TRIANGLES, SPILL KIT, CAMERA, FIRE EXT., SEAT BELTS)
<input type="checkbox"/>	<input type="checkbox"/>	VCR FILLED OUT PROPERLY
<input type="checkbox"/>	<input type="checkbox"/>	ENGINE COMPARTMENT / CYLINDER WELLS FREE OF DEBRIS
<input type="checkbox"/>	<input type="checkbox"/>	TIRES / LUGS / RIMS IN COMPLIANCE
<input type="checkbox"/>	<input type="checkbox"/>	HOIST / BODY UP / TAILGATE / REVERSE ALARMS WORKING
<input type="checkbox"/>	<input type="checkbox"/>	ARMS / FORK UP ALARMS WORKING
<input type="checkbox"/>	<input type="checkbox"/>	HEADLIGHTS, SIGNALS, BRAKE, MARKER, LP, WORK ETC. - IN WORKING ORDER

COMMENTS:

INSPECTED BY: _____

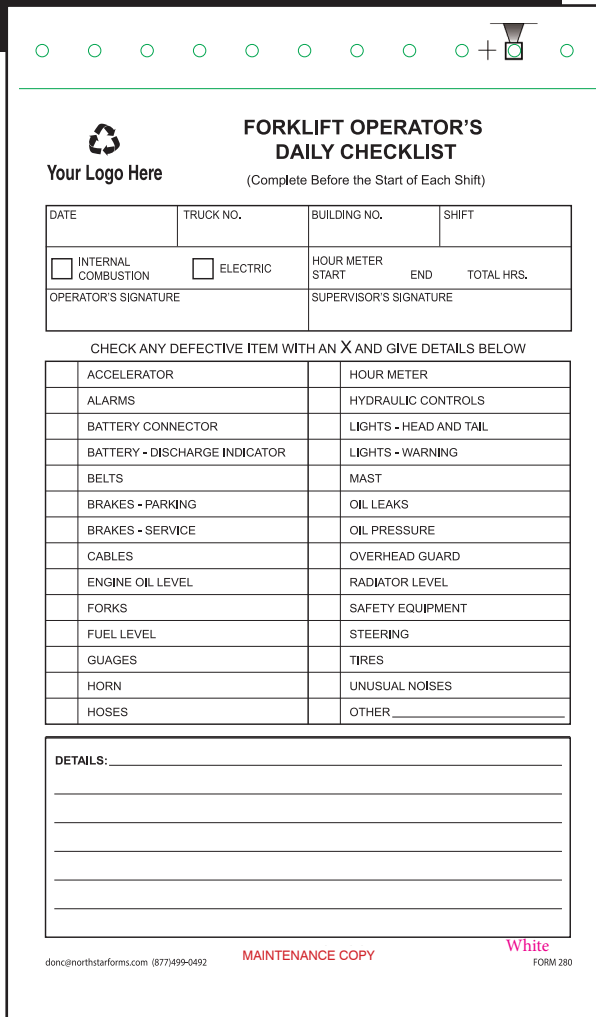
(877) 499-0492 DONC@NORTHSTARFORMS.COM FORM NO. 270 GEN

Q Container Shop Work Order **R** Trailer Repair Request

Shop

Form # 280

Form # 306



FORKLIFT OPERATOR'S DAILY CHECKLIST
(Complete Before the Start of Each Shift)

Your Logo Here

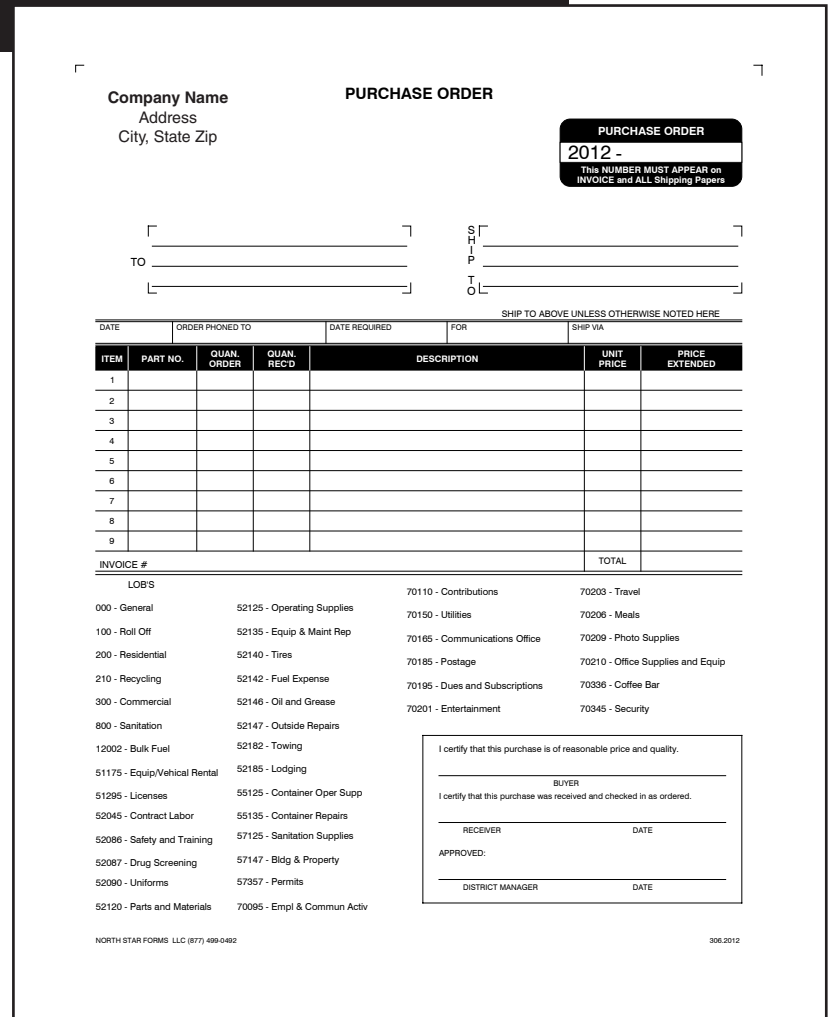
DATE	TRUCK NO.	BUILDING NO.	SHIFT
<input type="checkbox"/> INTERNAL COMBUSTION	<input type="checkbox"/> ELECTRIC	HOUR METER START	END TOTAL HRS.
OPERATOR'S SIGNATURE		SUPERVISOR'S SIGNATURE	

CHECK ANY DEFECTIVE ITEM WITH AN X AND GIVE DETAILS BELOW

ACCELERATOR	HOUR METER
ALARMS	HYDRAULIC CONTROLS
BATTERY CONNECTOR	LIGHTS - HEAD AND TAIL
BATTERY - DISCHARGE INDICATOR	LIGHTS - WARNING
BELTS	MAST
BRAKES - PARKING	OIL LEAKS
BRAKES - SERVICE	OIL PRESSURE
CABLES	OVERHEAD GUARD
ENGINE OIL LEVEL	RADIATOR LEVEL
FORKS	SAFETY EQUIPMENT
FUEL LEVEL	STEERING
GUAGES	TIRES
HORN	UNUSUAL NOISES
HOSES	OTHER

DETAILS:

donc@northstarforms.com (877)499-0492 **MAINTENANCE COPY** White FORM 280



PURCHASE ORDER

Company Name
Address
City, State Zip

2012 -
This NUMBER MUST APPEAR on INVOICE and ALL Shipping Papers

SHIP TO ABOVE UNLESS OTHERWISE NOTED HERE

DATE	ORDER PHONED TO	DATE REQUIRED	FOR	SHIP VIA		
ITEM	PART NO.	QUAN. ORDER	QUAN. REC'D	DESCRIPTION	UNIT PRICE	PRICE EXTENDED
1						
2						
3						
4						
5						
6						
7						
8						
9						
INVOICE #					TOTAL	

LOBS

000 - General	52125 - Operating Supplies	70110 - Contributions	70203 - Travel
100 - Roll Off	52135 - Equip & Maint Rep	70150 - Utilities	70206 - Meals
200 - Residential	52140 - Tires	70165 - Communications Office	70209 - Photo Supplies
210 - Recycling	52142 - Fuel Expense	70185 - Postage	70210 - Office Supplies and Equip
300 - Commercial	52146 - Oil and Grease	70195 - Dues and Subscriptions	70336 - Coffee Bar
800 - Sanitation	52147 - Outside Repairs	70201 - Entertainment	70345 - Security
12002 - Bulk Fuel	52182 - Towing		
51175 - Equip/Vehical Rental	52185 - Lodging		
51295 - Licenses	55125 - Container Oper Supp		
52045 - Contract Labor	55135 - Container Repairs		
52086 - Safety and Training	57125 - Sanitation Supplies		
52087 - Drug Screening	57147 - Bldg & Property		
52090 - Uniforms	57357 - Permits		
52120 - Parts and Materials	70095 - Empl & Commun Activ		

I certify that this purchase is of reasonable price and quality.

BUYER
I certify that this purchase was received and checked in as ordered.

RECEIVER DATE

APPROVED:
DISTRICT MANAGER DATE

NORTH STAR FORMS, LLC (877) 499-0492 306.2012

S Forklift Operator's Daily Checklist, triplicate

T Purchase Order

Shop

Form # 309

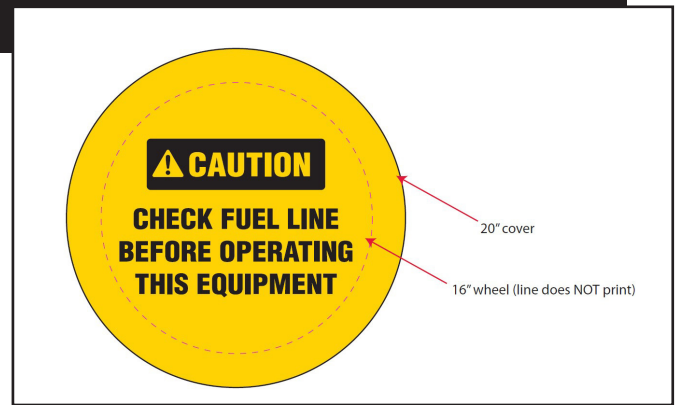
PARTS REQUISITION		
Mechanic: _____		Unit # _____ Date: _____
QTY:	Part Description:	Comments:

Date Ordered _____
 Date Received _____
 Received By _____

U

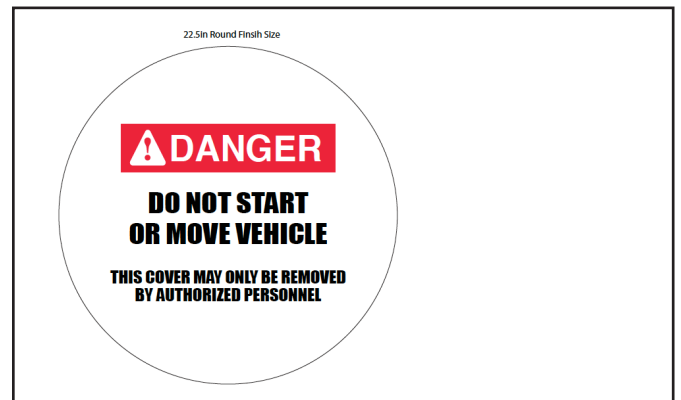
Parts Requisition

Form # 650



V

“Caution” Wheel Cover



W

“Danger” Wheel Cover

Shop

Form # Next Service Due

NEXT SERVICE DUE

HOURS

**Please indicate on your DIR when the
machine approaches these hours.**

X

Next Service Due

Shop

Form # 156HG-160H

[illegible]

Y

Hauling File Folders

Shop

Form # 163L-167L

[illegible]

Z

Equipment Repair History Folders

Landfill & Yellow Iron

Form # 129.PM



Your Logo Here

Heavy Duty Vehicle Inspection

Preventive maintenance is a requirement of WCA and Sec. 396.3 of the Federal Motor Carriers Safety Regulation Handbook

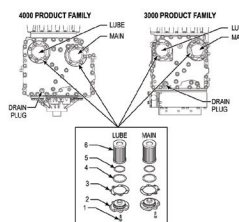
Unit #	Date
C PM – 1350 Hours	Engine Hours
D PM – 2700 Hours	Repair Order #
E PM – 4500 Hours	

Status: Check is completed or OK X is unsatisfactory N/A does not apply to specific truck

Install Wheel Chocks- Install Battery Lockout/Tag out -Remove Key from Ignition- Follow Local Written LO/TO Plan

CHECK	DESCRIPTION	LEVEL	STATUS
C PM 1350 HOURS			
ENGINE			
1	Pressure wash engine and transmission	C	
2	Drain sediment traps for fuel tanks	C	
TRANSMISSION			
3	Check and record Allison transmission fault codes using key pad, if any logged - record and repair as needed	C	
4	Check cooler lines, hoses, and external filters for leaks, damage and routing	C	
5	Check mounting hardware, nuts, bolts, clamps for proper torque and signs of looseness	C	
6	Check electrical harnesses and connectors for proper routing, wear, condition and looseness	C	
7	Inspect transmission breather vent for dirt and contamination, clean as needed	C	
8	Check transmission fluid level and take oil sample (automatic transmissions)	C	
FRONT SUSPENSION			
9	Raise front of vehicle and support - re-torque suspension mounts and U-bolts to OEM specifications	C	
10	Re-torque steering box mounting bolts and steering shaft pinch bolts	C	
11	Check front shocks for mounting and condition, inspect for leaks	C	
12	Lower front end and check front toe - in record and adjust if needed _____ toe-in, check OEM specifications	C	
CAC / AIR INDUCTION			
13	Inspect all air induction hoses and piping for proper installation, mounting, security, and routing - remove inlet and outlet hoses and test charge air cooler for leaks	C	
14	Inspect turbo mounting, security, and for leaks remove air inlet from front of turbo, inspect turbo fins for damage, shaft end play and signs of shaft leakage	C	
HYDRAULICS			
15	Inspect for leaks around hydraulic tank, check for proper mounting and security - replace hydraulic return filter and high pressure filter, take sample, check and refill system	C	
16	Hook up hydraulic filter buggy and filter hydraulic oil - tool (use Parker model 10MF405A-10C or equivalent)	C	
17	Operate hydraulic system check all functions for proper operation - test hydraulic pressure main relief and record PSI _____ / note: if tandem pump, check both sections	C	
18	Test hydraulic over speed controls are operating properly - HOC, EOS, etc., ensure the pump cuts out at high RPM	C	
DIFFERENTIAL / TELMA / DRIVELINE RETARDERS (if equipped)			
19	Check proper operation of Telma on test drive - check dashboard warning lights and indicators, observe foot control and low speed cut off, note: check to see if any ABS faults are present	C	
20	Check Telma focal and driveline mount for abnormal end play and/or air gap	C	
21	Check for u-joint mounting and condition, check driveline fastener tightness	C	
22	Check condition of rubber mounts, security of brackets and bracing	C	
23	On focal mount unit check for pinion seal leakage	C	
24	Check electrical harness connections, mounting and routing	C	
CNG / LNG			
25	Test all leak detection sensors for proper operation in cab and external mount (currently a California requirement)	C	
26	Check condition of ignition system with laptop	C	
D PM 2700 HOURS			
TRANSMISSION			
	Allison WT/HT series transmissions, DO NOT DRAIN completely at this time, Replace main and lube filters using high capacity filters only - follow torque spec chart and procedures (DO NOT USE AIR TOOLS) for removal and/or installation. Sample transmission fluid - Top off oil with Allison approved synthetic ATF - High Capacity Filters (2in pan P# 29548987) (4in pan P# 29548988)	D	

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CHECK	DESCRIPTION	LEVEL	STATUS
AIR SYSTEM			
28	Service or replace air dryer assembly - if unit is rebuilt the following parts must be replaced - desiccant, purge valve and heater	D	
29	Test air compressor cutout, air dryer purge and air recovery to mfg. specification	D	
30	Remove both ends of compressor hot line and check for carbon and plugging, check for signs of excessive oil	D	
CHARGE AIR COOLER/AIR INDUCTION			
31	Remove and clean CAC, clean debris from radiator and AC condenser while off, check hoses and belts	D	
32	Remove AC evaporator cover and clean radiator fins, replace evaporator cab filter if applicable	D	
ENGINE			
33	Valve adjustment - overheads must be adjusted specifically to OEM specifications, determine exact adjustment interval and adjust as needed, note: some OEM's require an annual adjustment, ensure completion for optimum engine performance/fuel economy	D	
34	Replace valve cover breather filter (ISL), clean oil draft tube all others	D	
35	Connect laptop and check for engine fault codes	D	
36	Test engine block heater and wiring to heater	D	
37	Test exhaust emissions - opacity test - record results (if state requirement)	D	
EXHAUST SYSTEMS			
38	Check for DPF warning light operation - key on engine off	D	
39	Check diesel particulate filter mounting, routing condition and security	D	
40	Verify type of DPF - Non-Catalyst or Catalyst - Non-Catalyst requires removal and cleaning of #7 injector mounted in lower muffler @ 2400 hrs. Catalyst requires service at 4500 hrs. (Mack)	D	
HYDRAULICS			
41	Drain hydraulic oil from tank - replace hydraulic return filter and high pressure filter, inspect and clean suction filter screen and replace hydraulic oil (no sample required) - WHILE TANK IS EMPTY INSTALL HYDRAULIC QUICK CONNECTORS FOR FUTURE PURIFICATION ACTIVITIES	D	
42	Validate that hydraulic pump flow is within 80% of the pump manufacturer's flow specification, record GPM	D	
CNG / LNG			
43	Check wires, harnesses and routing for proper installation	D	
E PM 4500 HOURS			
TRANSMISSION / DIFFERENTIAL			
44	Allison WT/HT series transmissions drain completely at this time, replace main and lube filters using high capacity filters only - follow torque spec chart and procedures (DO NOT USE AIR TOOLS) for removal and/or installation sample transmission fluid - top off oil with Allison approved synthetic ATF - High Capacity Filters (2in pan P# 29548987) (4in pan P# 29548988)	E	
45	Manual transmission and differentials - drain and refill	E	
EXHAUST SYSTEMS			
46	Remove and clean DPF assembly or replace with exchange	E	

Technician Signature

Supervisor Approval

129.PM-D.WCA

A

Heavy Duty Vehicle Inspection, 2 page

To order, call: 877-499-0492

northstarforms.com

Form # 151.5179

DAY	Equipment #	Engine Hours	Machine Type
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			



WEEK BEGINNING	
LOCATION	
MECHANIC	

Repair Notes:

[illegible]

Nortstar Forms, LLC

Form# 151.5129

[illegible][illegible]

Landfill & Yellow Iron

Form # 202TS

SITE	TICKET	GRID	WEIGHMASTER
DATE IN	DATE OUT	TIME IN	TIME OUT
VEHICLE		ROLL OFF	
REFERENCE		ORIGIN	

QTY.	UNIT	DESCRIPTION	RATE	EXTENSION	FEE	TOTAL

NET AMOUNT
TENDERED
CHANGE
CHECK NO.

202 TS TO REORDER CONTACT NORTH STAR FORMS (877) 499-0462

SIGNATURE _____

C

Receipt

Form # 265

Your Logo Here

HEAVY EQUIPMENT CHECKLIST

Unit Number _____ Date _____ Operator _____

INSPECTION

Pre-Trip Post-Trip

☐

☐

1. Pre-Trip — Visual; clean or clear of debris. Wheels in place, not flat. Tractor in use working order condition.

☐

☐

2. Oil & Water. Check levels — Mandatory. Fill if needed, when needed.

☐

☐

3. Hydraulic Oil — Transmission Fluid-mandatory. Fill if needed, when needed.

☐

☐

4. Cylinders — Main ones= check for leaks, broken or missing.

☐

☐

5. Engine Doors, Hoods, Operator's Door — Safe and accessible

☐

☐

6. Working Lights, Mirrors, Glass — Windshield intact, Steps-ladder

☐

☐

7. Back-up Alarms — Driver's horn for alerting, in motion. "Safety"

☐

☐

8. Seat Belts — Fire extinguisher ready and useful

☐

☐

9. Safe Start — Off, On-satisfactory

☐

☐

10. Interior Controls — Pass or fail

☐

☐

11. Weekly Wash-clean, Ready-Present: Date _____

Machine OK to Operate (operator's signature required) _____ Date: _____

Performed Post-Operation Inspections and Shut Off
Battery Lock-Out Switch (operator's signature required) _____ Date: _____

Manager, Supervisor or Maintenance Sign Off: _____ Date: _____

donc@northstarforms.com (877) 499-0492

Form 265.

D

Heavy Equipment Checklist

Landfill & Yellow Iron

Form # 249Gen

EQUIPMENT NO: _____ DATE OF REPAIR ____/____/____ ENGINE HOURS _____ MACHINE TYPE _____ LOCATION NO: _____ Continued from RO: _____				RO No: _____			
HEAVY EQUIPMENT REPAIR ORDER							
QUAN	PART NO.	PART	PRICE EACH	EXTENDED AMOUNT	REPAIR DESCRIPTION	LABOR HOURS	
					Complaint _____	IN OUT	
					Cause _____	IN OUT	
					Correction _____	IN OUT	
					Complaint _____	IN OUT	
					Cause _____	IN OUT	
					Correction _____	IN OUT	
					Complaint _____	IN OUT	
					Cause _____	IN OUT	
					Correction _____	IN OUT	
					Complaint _____	IN OUT	
					Cause _____	IN OUT	
					Correction _____	IN OUT	
					Complaint _____	IN OUT	
					Cause _____	IN OUT	
					Correction _____	IN OUT	
					Complaint _____	IN OUT	
					Cause _____	IN OUT	
					Correction _____	IN OUT	
TOTAL PARTS COST →					TOTAL LABOR HOURS →		
Gallons of Motor Oil Used _____ Gallons of Hydraulic Oil Used _____ Gallons of Transmission Oil Used _____				Gallons of Gear Oil Used _____ Gallons of Anti-Freeze Used 50-50 _____ Gallons of Extended Life Anti-Freeze Used _____			
Mechanic Signature _____				Manager Signature _____			

Revised 06/09

Form # 249
NORTH STAR FORMS, LLC (877) 499-0492

E


Heavy Equipment Repair Order

To order, call: **877-499-0492**

northstarforms.com

Landfill & Yellow Iron

Form # 267



Your Logo Here Yellow Iron Daily Pre / Post Safety Inspection Report


Unit Number:		End Hours	
Date: / /		Start Hours	
Inspect the following items / = OK X=Defective repairs may needed NA = Not Apply		Total Hours	
Inspect the following:	PRE	POST	Perform the following tasks
CIRCLE INSPECTION		IN CAB INSPECTION	
Steps and handrails secure and functional			Check Mirrors, door glass and windshield
Check lights and strobes			Check cab air filter (clean as needed)
Inspect hoses, fittings, cylinders for wear or leaks			Seat and seatbelt in good condition
Inspect belly pan (secure) no missing bolts			Check horn and warning devices
Inspect cutting edge (worn) missing bolts			Check gauges and monitoring systems
Inspect for any equipment damage			Check Backup alarm
Check fire Suppression system green light ON ?			Check Backup camera
Inspect fire extinguisher			Test 2-Way radio
Check Battery Disconnect			Check A/C Heat and defroster
Check pivot shaft oil site gauge(if applicable)			First Aid Kit
Drain water off tanks			Perform parking brake field test
Blow out radiator and engine compartment			Perform service brake test
Clean pre cleaner bowl (if equipped)			Clean interior glass
Check air filter restriction (Replace/ Clean)			Clean Cab (post trip)
Clean tracks and wheels of debris and wire			
Feel idlers /finals for excessive heat (post trip)			
Check tires (psi all wheels)			
Check coupler operation			
Check coupler hoses			
FLUID, FILTER,LUBE CHECK		ADD FLUIDS	
Check and fuel Machine			Fuel Gal.
Check engine oil level			Engine Oil Gal.
Check Transmission oil			Transmission Oil Gal.
Check Hydraulic oil			Coolant Gal.
Check coolant Level (cold engine)			DEF Gal.
Ensure all cap are secure and locked			
8 Hr. lube points (grease daily)			
Operator Explanation of Defects			
Mechanics Notes			
WO #			
Repairs needed OUT of Service Not needed for safe operation Parts on order			
Operators Printed Name			
Operators Signature X		Date / /	
Mechanic Signature X		Date / /	
I have reviewed the previous days inspection		Date / /	
Operators Signature X		Date / /	

donc@northstarforms.com (877) 499-0492 Form #267

F

Yellow Iron Daily Pre / Post Safety Inspection Report

Form # 280



Your Logo Here

FORKLIFT OPERATOR'S DAILY CHECKLIST

(Complete Before the Start of Each Shift)

DATE	TRUCK NO.	BUILDING NO.	SHIFT
<input type="checkbox"/> INTERNAL COMBUSTION <input type="checkbox"/> ELECTRIC		HOUR METER START END TOTAL HRS.	
OPERATOR'S SIGNATURE		SUPERVISOR'S SIGNATURE	

CHECK ANY DEFECTIVE ITEM WITH AN X AND GIVE DETAILS BELOW

ACCELERATOR	HOUR METER
ALARMS	HYDRAULIC CONTROLS
BATTERY CONNECTOR	LIGHTS - HEAD AND TAIL
BATTERY - DISCHARGE INDICATOR	LIGHTS - WARNING
BELTS	MAST
BRAKES - PARKING	OIL LEAKS
BRAKES - SERVICE	OIL PRESSURE
CABLES	OVERHEAD GUARD
ENGINE OIL LEVEL	RADIATOR LEVEL
FORKS	SAFETY EQUIPMENT
FUEL LEVEL	STEERING
GUAGES	TIRES
HORN	UNUSUAL NOISES
HOSES	OTHER _____

DETAILS: _____


donc@northstarforms.com (877) 499-0492 Canary FORM 280

G

Forklift Operator's Daily Checklist, Triplicate

Landfill & Yellow Iron

Form # 281


 Your Logo Here

☐ IPS #5103

OPERATOR: _____ DATE: _____

☐ HYDRAULIC FLUID
EL FLUIDO HIDRÁULICO
notes: _____

☐ All Switches
LAS LLAVES
notes: _____

☐ Bolts
TURECAS/TORNILLOS
notes: _____

☐ Dog House (HRB only)
La Cabaña (HRB Sólo)
notes: _____

☐ BELT
La Banda
notes: _____

☐ SHUT DOWNS
Los Botones de Emergencia
notes: _____

☐ WIRE TIE
EL Alare del Alambre
notes: _____

☐ TRACK
LA Guía / Haro
notes: _____

☐ LIGHTS
LAS LUCES
notes: _____

☐ CYLINDERS
LOS CILINDROS
notes: _____

☐ HOSES
LAS MANGERAS
notes: _____

☐ PIPES
LOS Tubercias
notes: _____

☐ FAN
EL AVANICO
notes: _____

☐ CLEAN
LIMPO / LIMPIEZA
notes: _____

☐ HYDRAULIC LEAKS
LAS GOTERAS HIDRÁULICAS
notes: _____

Comments: _____


donc@northstarforms.com (877) 499-0492 CANARY PLY 281

SUPERVISOR COPY

H

Vehicle Checklist, Triplicate

Form # 282


 Your Logo Here

LOADER OPERATOR'S DAILY CHECKLIST

(Complete Before The Start of Each Shift)

DATE	LOADER #	BUILDING NO.	SHIFT
<input type="checkbox"/>	<input type="checkbox"/>	HOUR METER START	
OPERATOR'S SIGNATURE		SUPERVISOR'S SIGNATURE	

CHECK ANY DEFECTIVE ITEM WITH AN **X** AND GIVE DETAILS BELOW.

GREASE BUCKET	HOUR METER
ALARMS - BACKUP	HYDRAULIC CONTROLS
BATTERY CONNECTOR	LIGHTS - HEAD AND TAIL
BATTERY - DISCHARGE INDICATOR	LIGHTS - WARNING
BELT	TRANS OIL
BRAKES - PARKING	OIL LEAKS
BRAKES - SERVICE	OIL PRESSURE
BLOWOUT RADIATOR	
ENGINE OIL LEVEL	RADIATOR LEVEL
CAB	SAFETY EQUIPMENT
FUEL LEVEL	HYD OIL
GAUGES	TIRES
HORN	UNUSUAL NOISES
HOSES	OTHER _____

DETAILS: _____

www.northstarforms.com FORM #282

I

Loader Operator's Daily Checklist

Landfill & Yellow Iron

Form # 300

○ ○ ○ ○ ○ ○ ○ ○

Your Company
Address _____
City, State _____
Phone _____
Open: Mon - Friday 8:00 am - 5:00 pm
Saturday 8:00 am - 1:00 pm

No. _____
Date: _____
TIME IN: _____
TIME OUT: _____

Customer Type _____
Material Type: _____

Truck Number:	Vehicle Tag	Payment Type

I/WE THE UNDERSIGNED CERTIFY THAT THE WASTE DELIVERED FOR DISPOSAL IS A NON-HAZARDOUS WASTE STREAM

I UNDERSTAND THAT FALSIFICATION OF A DAILY COMMERCIAL SOLID WASTE MANIFEST IS A CRIMINAL OFFENSE. FURTHER, UNDERSTANDING THIS, I HERBY AFFIRM THAT THE INFORMATION CONTAINED IN THE FOREGOING MANIFEST IS FULL, TRUE, AND CORRECT TO THE BEST OF MY KNOWLEDGE.*

IN WEIGHT: _____
OUT WEIGHT: _____
TOTAL WEIGHT: _____
TOTAL TONNAGE: _____

MATERIAL CHARGE ON LOAD: WEIGHT X _____
STATE FLOW FEE: 1.25 X WEIGHT _____
ENERGY RECOVERY FEE: GATE RATE CHARGE X _____
ENVIRO FEE: GATE RATE CHARGE X _____

Dig Off Charge _____
Safety Vests _____
Total Ticket Charge: _____

Customer Signature _____ Print Name _____

donc@northstarforms.com (877) 499-0492 300.HTDB

J


Vehicle Ticket

Form # 303

TICKET # No **21050** DATE _____
TIME _____

MATERIAL _____

TRUCK # _____
DRIVER _____
CU YDS _____
TONS _____



Your Logo Here

donc@northstarforms.com (877) 499-0492 Form# 303

TICKET # No **21050** DATE _____
TIME _____

MATERIAL _____

TRUCK # _____
DRIVER _____
CU YDS _____
TONS _____


Your Logo Here

donc@northstarforms.com (877) 499-0492 Form# 303

K

Vehicle Ticket

Landfill & Yellow Iron

Form # 353

Your Company
Address
City, State

Phone: _____ Fax: _____
Date _____ 20 _____

Received From: _____

Address: _____

☐ Cash ☐ Charge
☐ Pick-up ☐ Trailer ☐ Other

Truck: _____
Front: _____ Gross: _____
Rear: _____ Tare: _____
Gross: _____ Net: _____
Front: _____ Tons: _____
Rear: _____ Total: \$ _____
Tare: _____

I certify that I have not disposed of any liquid or hazardous waste.


001001 Signature: _____

www.northstarforms.com Form #353.6111

SERVICE TICKET

LOC NAME: _____ W/O # _____
ADDRESS: _____ DISP. TICKET # _____
INSTRUCTIONS: _____ RECPT REQ _____ COD: _____
ACCT. NO: _____ LOC. CODE: _____ SERV. DATE: _____

TRANS. DESC: _____
CONT SIZE: _____ RTE: _____ NBR. OF HAULS: 011
HAUL CHR: _____ VOL CODE: YIP COMP: N ON CALL: Y
DISP COST: _____ SERV MIN.: _____ OTHER CHR: _____
DISP SITE: _____ TRUCK NBR: _____ DRIVER NBR: _____
WASTE TYPE: _____ QTY: _____ VOL CODE: _____ WASTE TYPE: _____ QTY: _____ VOL CODE: _____

 CUSTOMER SIGNATURE: _____ DRIVER SIGNATURE: _____
donc@northstarforms.com (877) 499-0492 Form #353

M

Service Ticket

L

Service Ticket

Landfill & Yellow Iron

Form # 353

Your Logo Here

SERVICE TICKET

Ticket#

000001

Date: _____

Customer Name: _____

Customer Address: _____

PO or Job number: _____

Landfill Disposed at: _____

Box In / Box Out: _____

Action (circle one): Delivery, Swap, Final, Trip Charge Relocation

Customer Signature: _____

Driver Signature / Truck #: _____

Landfill Signature (If applicable): _____

Box Condition

RIGHT SIDE

LEFT SIDE

FRONT

BACK

ACCEPTABLE

DAMAGED

RIGHT SIDE

LEFT SIDE

FRONT

DOOR

☐

☐

☐

☐

☐

☐

☐

☐

Notes:

N

Service Ticket

Form # 360Compactor


[illegible]

O

Compactor Repairs, Service Call Sheet

Landfill & Yellow Iron

Form # 360 Container



Container Condition Report **Your Logo Here**

Container #			
CURRENT LOCATION	DATE		
ADDITIONAL INFO			

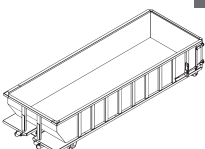

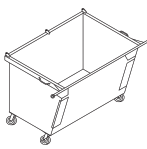
Container Type/Size

Roll-Off	Frontload	Rearload
<input type="checkbox"/> 10 Yard Open	<input type="checkbox"/> 1 Yard	<input type="checkbox"/> 2 Yard
<input type="checkbox"/> 20 Yard Open	<input type="checkbox"/> 2 Yard	<input type="checkbox"/> 3 Yard
<input type="checkbox"/> 30 Yard Open	<input type="checkbox"/> 3 Yard	<input type="checkbox"/> 4 Yard
<input type="checkbox"/> 40 Yard Open	<input type="checkbox"/> 4 Yard	<input type="checkbox"/> 6 Yard
<input type="checkbox"/> 30 Yard Compactor/Enclosed	<input type="checkbox"/> 6 Yard	<input type="checkbox"/> 8 Yard
<input type="checkbox"/> 40 Yard Compactor/Enclosed	<input type="checkbox"/> 8 Yard	<input type="checkbox"/> 10 Yard

Container Condition

NAME	Like New	Good	Poor	NAME	Like New	Good	Poor
Paint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wheels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stickers/Decals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lids/Latches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hinges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Trunnion Bars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rollers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lock Bar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rails	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pin-Off	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tailgate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Turnbuckles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall Container	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor/Bottom Sides	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Damage Diagram






Additional Comments

P

Container Condition Report

Form # 365



Your Logo Here

GENERIC EQUIPMENT CONDITION REPORT

DIVISION'S NAME _____

UNIT # _____

		Time	Hourmeter	(✓) = Okay (B) = Blowout (C) = Changed	
Start:	a.m.	Hrs.		Air Indicator _____	Air Filter _____
	p.m.			Air Filter Part No. _____	
Finish:	a.m.	Hrs.		(NA) = Needs Attention (✓) = Okay	
	p.m.			Fuel Pressure _____	

Start	Finish	Frt. Rear Amount Start	Frt. Rear Amount Finish	Fluids	Start	End	Frt. Rear Amount Start	Frt. Rear Amount Finish	Fluids
				Fuel (gal)					Coolant (gal)
				Eng. Oil(qts)					Trans. (qt)
				Hyd. Oil(gal)					F. Drv. Diff. (qt)

(✓) - O.K. (NA) - Needs Attention (S) - Serviced

Refer to Service Manual for Details

Repairs Completed

Further Work Needed

Clean Tracks or Wheel/Bellypans	
Clean Radiator and Coolers	
Grease/Lubricate/Machine	
Body/Frame/Guards/Bellypans/Metal Damage/Missing-Loose Bolts	
Tires/Rims/Tracks/Rollers/Wheels/Lug Bolts/Nuts	
Trans.-Clutch/Driveline/Diff/Final Drive/Planetaries	
Blades/Buckets/Brooms/Rippers/Grd Engag Tools/Boom and Stick	
Towstraps/Tow Pins/Cables/Chains/Winch/Bales	
Susp/Springs/Axles/Cushion Hitch	
Steering/Linkage	
Brakes/Parking/Air Compressor/Valves/Lines	
Hyd. System - Cyl/Pumps/Motors/Hoses/Hoist Cyl/Tank/Valves	
Mast/Lift Chains/Forks/Carriage/Side Shifts	
Exhaust and Cooling System/Belts and Hoses	
Engine - Intake and Fuel System	
Cab - Items and Controls/Instrument/Radio/AC/Horn, Etc.	
Elect. System - Charging/Starting/Lights/Switches/Motors	
Engine Protection/Shutdown System	
Clean Cab's Interior/Glass/AC Filters	
Safety Eq. - Mirror/Fire Ex/Seat Belts/Strobe Lt/Backup Alarm M.	
Other/Implements, Etc.	
Shut Off Elect. Disconnect Switch/Drain Air Tanks	

Explanation of Repairs Needed:

MACHINE OKAY TO OPERATE
 Operator's Signature _____ Date _____
 Maintenance Sign Off _____ Time _____ a.m./p.m. Date _____

(877) 499-0492 donc@northstarforms.com

MAINTENANCE / OPERATIONS

5.GFL

Q

Generic Equipment Condition Report

Landfill & Yellow Iron

Form # 365E

White

Daily Heavy Equipment Inspection

Unit Number: _____ Date: _____ Equipment Model: _____

Hour Meter Start: _____ Hour Meter Finish: _____

Fuel Gallons Added #1 _____ Fuel Gallons Added #2 _____ DEF Added #1 _____


✓ = Checked A = Added RN = Repairs Needed

	Inspection Pre-Operation	Inspection Post-Operation	
Grease Machine Completely	_____	_____	REPAIRS NEEDED
Inspect Motor Oil Level Front	_____ Gal.	_____ Gal.	
Inspect Motor Oil Level Rear	_____ Gal.	_____ Gal.	
Inspect Transmission Oil Level	_____ Gal.	_____ Gal.	
Inspect Hydraulic Oil Level	_____ Gal.	_____ Gal.	
Inspect Radiator Level	_____ Gal.	_____ Gal.	
Inspect Fire Extinguisher	_____	_____	
Inspect Fire Suppression System	_____	_____	
Inspect Operation of Brakes	_____	_____	
Inspect Operation of Gauges / Warning Lights	_____	_____	
Inspect Operation of Back Up Alarm	_____	_____	
Inspect Air Cleaner (Indicator)	_____	_____	
Inspect Seat Belt	_____	_____	
Inspect Horn Operation	_____	_____	
Inspect Lighting	_____	_____	
Inspect Windshield Wiper Operation	_____	_____	
Clean Cab Interior	NA	_____	
Clean Glass	NA	_____	
Clean Debris from Engine Compartment	NA	_____	
Clean Debris from Radiator	NA	_____	
Inspect Tracks / Wheels	_____	_____	
Inspect Belly Pan	_____	_____	
Inspect for Broken Glass	_____	_____	
Did you clean the undercarriage?	_____	_____	
Machine OK to Operate (operator's signature required)	_____	_____	Date: _____
Performed Post Operation Inspections and Shut Off Battery Lock-Out Switch (operator's signature required)	_____	_____	Date: _____
Manager, Supervisor or Maintenance Sign Off:	_____	_____	Date: _____

doenc@northstarforms.com (877) 499-0492 MAINTENANCE COPY 365E-5240

R

Daily Heavy Equipment Inspection

 **Your Logo Here**

Daily Heavy Equipment Inspection

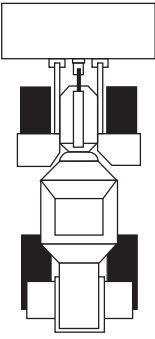
Unit Number: _____ Date: _____ Equipment Model: _____

Hour Meter Start: _____ Hour Meter Finish: _____

Fuel Gallons Added # 1 _____

✓ = Checked A = Added RN = Repairs Needed

Prior to performing maintenance follow Lockout - Tagout procedures.

	Inspection Pre-Operation	Inspection Post-Operation	
Sonar detection device working and set at a minimum volume	_____	_____	
Grease Machine Completely	_____	_____	
Inspect Motor Oil Level Front	_____ Gal.	_____ Gal.	
Inspect Motor Oil Level Rear	_____ Gal.	_____ Gal.	
Inspect Transmission Oil Level	_____ Gal.	_____ Gal.	
Inspect Hydraulic Oil Level	_____ Gal.	_____ Gal.	
Inspect Radiator Level	_____ Gal.	_____ Gal.	
Inspect Fire Extinguisher	_____	_____	
Check Edge Bolts & Wear	_____	_____	
Check Sonar System	_____	_____	
Check Engine Doors	_____	_____	
Inspect Operation of Brakes	_____	_____	
Inspect Operation of Gauges / Warning Lights	_____	_____	
Inspect Operation of Back Up Alarm	_____	_____	
Inspect Air Cleaner (Indicator)	_____	_____	
Inspect Seat Belt	_____	_____	
Inspect Horn Operation	_____	_____	
Inspect Lighting	_____	_____	
Inspect Windshield Wiper Operation	_____	_____	
Clean Cab Interior	_____	_____	
Clean Glass	_____	_____	
Clean Debris from Engine Compartment	_____	_____	
Clean Debris from Radiator	_____	_____	
Inspect Wheels & Studs	_____	_____	
Inspect Belly Pan	_____	_____	
Inspect for Broken Glass	_____	_____	
Inspect Axles	_____	_____	
Inspect Strobe Light	_____	_____	
Inspect Fuel Cap	_____	_____	
Inspect Hoses	_____	_____	
Check DEF Levels	_____	_____	
Check Lube Tub Level	_____	_____	
Check Auto Grease Point Connections	_____	_____	
Check Service Doors Latched and Secured	_____	_____	
Blow Out Coolers and Check/Operate Reversible Fan	_____	_____	
Inspect Wheels Chocks	_____	_____	
Inspect Camera for Proper Operation and Clean	_____	_____	
Clean Debris From Arms, Axles and Articulating Points	_____	_____	
Check Defrost and A/C	_____	_____	
Inspect Mirrors	_____	_____	
Inspect Steps	_____	_____	
Inspect Lift Arms for Structural Damage	_____	_____	

North Star Forms LLC (877) 499-0492

Bucket Inspection

Check Coverplates (Tink Only)	Secure	Missing
Check grapples (Tink Only)	OK	Cracking
Check grapple Cylinders (Tink Only)	OK	Leaking
Check Under Cylinders (Tink Only)	OK	Leaking
Check Under Cylinders (Tink Only)	Clean	Debris
General Exterior	OK	Cracking
Body Check	List all damage below	

S

Daily Heavy Equipment Inspection

Landfill & Yellow Iron

Form # 365S Gen

Inspección diaria de equipos pesados

Número de unidad _____ Fecha: _____ Modelo de equipo: _____

Medidor horario inicial: _____ Medidor horario final: _____

Galones de diesel agregado a # 1 _____ Galones de diesel agregado a # 2 _____

✓ = Verificado

A = Añadido

RN = Reparaciones necesarias

Inspección

Antes de operar

Inspección

Después de operar

REPARACIONES NECESARIAS

Grasa de máquina totalmente _____

Inspeccionar el nivel de aceite de motor trasero _____ Gal. _____ Gal.

Inspeccionar el nivel de aceite de motor trasero _____ Gal. _____ Gal.

Inspeccionar el nivel de aceite de transmisión _____ Gal. _____ Gal.

Inspeccionar el nivel de aceite hidráulico _____ Gal. _____ Gal.

Inspeccionar el nivel de aceite del radiador _____ Gal. _____ Gal.

Inspeccione el extintor de incendios _____

Inspeccione el sistema de supresión de incendios _____

Inspeccionar el funcionamiento de los frenos _____

Inspeccionar el funcionamiento de medidores / luces de aviso _____

Inspeccione la operación de copia de seguridad de alarma _____

Inspeccione Filtro de aire (indicador) _____

Inspeccione los cinturones de seguridad _____

Inspeccionar el funcionamiento de Hornos _____

Inspeccione Iluminación _____

Inspeccionar el funcionamiento limpiaparabrisas _____

Limpieza interior de la cabina _____

Limpieza de vidrio _____

Limpie los desechos de motor _____

Limpie los desechos de radiador _____

Inspeccione las pistas / ruedas _____

Inspeccione Belly Pan _____

Inspeccione por vidrios rotos _____

Aceptar la máquina para operar (operador de la firma requerida) _____ Fecha: _____

Correas realiza la Operación Inspecciones y apagar la batería de salida Switch (operador de la firma requerida) _____ Fecha: _____

Manager, Supervisor de Mantenimiento o cerrar la sesión: _____ Fecha: _____

North Star Forms LLC (877) 499-0492

3655G Revised 11/11

Form # 365SR

HEAVY EQUIPMENT DAILY INSPECTION REPORT

NOMBRE DE OPERADOR (Imprimir en Letra Grande): _____

HORAS: FIN _____ Fecha de Reporte: _____

COMENZIO _____

Numero de Unidad: _____ Numero De Distrito: _____ TOTAL _____ Modelo De Equipo: _____

✓ = Checked
A = Agregado
RN = Reparaciones Necesarias

Inspection
Antes-
Operation

Inspection
Despues-
Operation

Cantidad de Combustible Sumado

Diesel _____ Gal - AM

Diesel _____ Gal - PM

Cantidad de Lubricantes Sumado

Aciete de Motor _____ Gal/Ltrs

Aciete Hidraulico _____ Gal/Ltrs

Anti-Freeze _____ Gal/Ltrs

Transmission _____ Gal/Ltrs

Afuera de la Maquina

Engrasar Maquina Completamente _____ tubos/oz.

Inspeccione Nivel de Aceite del Motor _____

Inspeccione Nivel de Aceite del Transmision _____

Inspeccione Nivel de Aceite Hidraulico _____

Inspeccione Nivel del Radiador _____

Inspeccione Filtro de Aire (Indicador) _____

Inspeccione los Pistas / Liantas _____

Inspeccione la Quilla _____

Inspeccione las Luces _____

Inspeccione por Vidrios Quebrados _____

Espejos _____

Pasamanos / Escalera _____

Inspeccion Adentro de la Cabina

Inspeccione el Cinturon de Seguridad _____

Inspeccione Operacion de los Medidores / Luces de Advertencia _____

Inspeccione las Limpiaparabrisas _____

Inspeccionar la Operacion de Bocina _____

Inspeccionar Extintor de Incendios _____

Inspeccione la Operacion de Frenos _____

Inspeccione la Operacion de aAlarma de Reversa _____

Condicion de Cabina

Interior de la Cabina Limpia _____

Vidrio Limpio _____

LISTA - REPARACIONES NECESITADAS

DESCRIPCION DE DEFECTOS AQUI:

☐ REPARACIONES URGENTE DE SEGURIDA

DESCRIPCION DE DEFECTOS AQUI:

INSPECCION DE MAQUINAS POR FUGA

Inspection
Prevía A
Operation

Inspection
Despues De
Operation

Aciete Motor - Fuga _____

Aciete Hidraulico - Fuga _____

Cilindros - Fuga _____

Mangueras - Fuga _____

Radiador - Fugas _____

Prevía A
Operation

Maquina OK para Operar
(FIRMA DE OPERADOR REQUERIDO)

Fecha: _____

Despues De
Operation

Realizo Inspection Despues de Operar

Fecha: _____

MANAGER, SUPERVISOR OR MAINTENANCE SIGN - OFF

Fecha: _____

COPIA BLANCA: MANTENIMIENTO

COPIA ROSA: OPERACIONES

COPIA AMARILLA: DEJAR EN LIBRO

T


Daily Heavy Equipment Inspection, Spanish

U

Heavy Equipment Daily Inspection Report, Spanish

Landfill & Yellow Iron

Form # Ticket

 <h2 style="margin: 0;">Your Logo Here</h2> <h3 style="margin: 0;">Your Company</h3> Address City, State Phone			
SOLD BY	DATE		
NAME			
LICENSE PLATE #		PHONE NUMBER	
CASH	C.O.D.	CHARGE	ON ACCT.
RECEIVED BY			

THANK YOU

V

Service Ticket

Form # ECR

Your Logo Here

Equipment Condition Report—ARTICULATED HAUL TRUCK

Operator's Name: _____ Site Name: _____

Date: _____ Equipment Name: _____
Shift: _____ Meter Reading: _____

Fuel Added: _____

"Good" indicates visual inspection completed and normal conditions observed

"DEF" indicates visual inspection completed and deficiencies observed (requires a comment)

What item are you inspecting?	What are you looking for?	GOOD	DEF	N/A
From Ground				
Grease machine at all lubrication points	Switch to On Position			
Grease Disconnect Switch	Wear, Cuts, Visual Check Low/Flat			
Tires	Missing/Loose Lug, Cracked/Bent Retaining Ring			
Wheels, Hub, Stem Caps	Transmission Oil Level			
Transmission Oil Level	Hydraulic Oil Level, Site Glass, Leaks, Damage			
Hydraulic Tank / Fuel Tank	Around and Under Machine For Leaks, Puddles			
Underneath Machine (Ground)	Leaks, Worn Hoses, Damaged Lines			
Steering Hydraulic System	Cracks, Leaks, Damage, Wear			
Suspension Cylinders	Greased Pins			
Frame and Hoist Cylinders	Leaks, Damage, Wear			
Articulation Joint (Center Pin)	Leaks, Damage, Wear			
Axles, all	Damage to Lens, Housing or Wiring			
Lights				
Engine Compartment				
Engine Oil	Engine Oil Level			
Engine Coolant	Check Coolant Level			
Radiator	Check Fins for Blockage or Leaks			
Fan/Belts	Cracks, Leaks			
Hoses, Fittings and Clamps	Leaks, Loose Clamps, Wear			
Overall Engine Compartment	Leaks, Trash, Debris			
On Machine Outside of Cab				
Ladders, Footsteps, Hand Rails	Bent, Cracks, Missing, Debris			
Glass	Broken Glass, Cleanliness			
Wipers/Washers	Wear, Damage, Fluid Level			
Doors and Latches	Proper Operation			
Fire Extinguisher	Charge, Damage			
Inside Cab				
Seat Belt	Damage, Wear, Adjustment			
Mirrors	Cleanliness, Adjustment, Cracks or Damage			
Operator Controls	Proper Labeling/Icons			
Fire Extinguisher	Charge, Damage			
Start-Up				
Horn, Backup Alarm, Lights	Verify Proper Operation			
Gauges, Indicators, Switches and Controls	Verify Proper Operation			
Steering, Brakes, Body	Exercise For Proper Operation			

Comments (additional comments can be made on the back of this form):

Operator's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

don@northstarforms.com (877) 499-0492


ECR Articulated Truck Rev 1/20

W

Equipment Condition Report , Articulated Haul Truck

Landfill & Yellow Iron

Form # ECR-Dozer



Your Logo Here

Operator's Name: _____ Site Name: _____

Date: _____ Equipment Name: _____

Shift: _____ Meter Reading: _____

Fuel Added: _____

"Good" indicates visual inspection completed and normal conditions observed
"DEF" indicates visual inspection completed and deficiencies observed (requires a comment)

What item are you inspecting?	What are you looking for?	GOOD	DEF	N/A
From Ground				
Grease machine at all lubrication points				
Master Disconnect Switch	Switch to On Position			
Track Pads, Bolts, Rails	Cracks, Missing Bolts			
Roller Frame, Idlers, Bogies	Leaks, Adjustment			
Final Drive / Sprocket Segments	Leaks, Worn Sprocket			
Transmission Oil Level	Transmission Oil Level			
Hydraulic Tank	Hydraulic Oil Level, Site Glass, Leaks, Damage			
Blade, Push Arms, Edge	Cracks, Missing Bolts			
Engine Compartment				
Engine Oil	Engine Oil Level			
Engine Coolant	Check Coolant Level			
Radiator	Check Fins for Blockage or Leaks			
Fan/Belts	Cracks, Leaks			
Hoses, Fittings and Clamps	Leaks, Loose Clamps, Wear			
Overall Engine Compartment	Leaks, Trash, Debris			
On Machine Outside of Cab				
Walkways, Ladders, Footsteps, Hand Rails	Bent, Cracks, Missing, Debris			
Glass	Broken Glass, Cleanliness			
Wipers/Washers	Wear, Damage, Fluid Level			
Doors and Latches	Proper Operation			
ROPS	Cracks, loose / missing bolts			
Fire Extinguisher	Charge, Damage			
Inside Cab				
Seat Belt	Damage, Wear, Adjustment			
Mirrors	Cleanlines, Adjustment, Cracks or Damage			
Fire Extinguisher	Charge, Damage			
Start-Up				
Horn/Backup Alarm/Lights/Warning Strobe	Verify Proper Operation			
Gauges, Indicators, Switches and Controls	Verify Proper Operation			
Steering, Brakes, Arms and Attachments	Exercise for Proper Operation			
Parking Brake	Verify Proper Operation			

Comments (additional comments can be made on the back of this form):

Operator's Signature: _____ Date: _____


Supervisor's Signature: _____ Date: _____

don@northstarforms.com (877) 499-0492 ECR-Dozer Rev 1/20

X

Equipment Condition Report, Dozer

Form # ECR-Excavator



Your Logo Here

Operator's Name: _____ Site Name: _____

Date: _____ Equipment Name: _____

Shift: _____ Meter Reading: _____

Fuel Added: _____

"Good" indicates visual inspection completed and normal conditions observed
"DEF" indicates visual inspection completed and deficiencies observed (requires a comment)

What item are you inspecting?	What are you looking for?	GOOD	DEF	N/A
From Ground				
Grease machine at all lubrication points	Zerk Grease Fittings			
Master Disconnect Switch	Switch to On Position			
Track Pads, Bolts, Rails	Cracks, Missing Bolts			
Roller Frame, Idlers, Bogies	Leaks, Adjustment			
Final Drive / Sprocket Segments	Leaks, Worn Sprocket			
Bucket, Teeth, Attachment	Pins Greased, Cracks, Missing Teeth			
Boom & Stick	Cylinder Leaks, Pins Greased, Cracks, Missing Bolts			
Hydraulic Tank & Hoses	Hydraulic Oil Level, Site Glass, Leaks, Damage			
Underside (Ground) Leaks	Around and Under Machine for Leaks or Puddles			
Lights	Damage to Lens, Housing or Wiring			
Engine Compartment				
Engine Oil	Engine Oil Level			
Engine Coolant	Check Coolant Level			
Radiator	Check Fins for Blockage or Leaks			
Fan/Belts	Cracks, Leaks			
Hoses, Fittings and Clamps	Leaks, Loose Clamps, Wear			
Overall Engine Compartment	Leaks, Trash, Debris			
On Machine Outside of Cab				
Walkways, Ladders, Footsteps, Hand Rails	Bent, Cracks, Missing, Debris			
Glass	Broken Glass, Cleanliness			
Wipers/Washers	Wear, Damage, Fluid Level			
Doors and Latches	Proper Operation			
Fire Extinguisher	Charge, Damage			
Inside Cab				
Seat Belt	Damage, Wear, Adjustment			
Mirrors	Cleanlines, Adjustment, Cracks or Damage			
Fire Extinguisher	Charge, Damage			
Start-Up				
Horn/Backup Alarm/Lights/Warning Strobe	Verify Proper Operation			
Gauges, Indicators, Switches and Controls	Verify Proper Operation			
Steering, Brakes, Boom & Stick	Exercise for Proper Operation			
Parking Brake	Verify Proper Operation			

Comments (additional comments can be made on the back of this form):

Operator's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____


don@northstarforms.com (877) 499-0492 ECR-Excavator Rev 1/20

Y

Equipment Condition Report , Excavator

Landfill & Yellow Iron

Form # ECR-TrashCompactor



Your Logo Here

Operator's Name: _____ Site Name: _____

Date: _____ Equipment Name: _____

Shift: _____ Meter Reading: _____

Fuel Added: _____

*"Good" indicates visual inspection completed and normal conditions observed
*DEF indicates visual inspection completed and deficiencies observed (requires a comment)

What item are you inspecting?	What are you looking for?	GOOD	DEF	N/A
From Ground				
Grease machine at all lubrication points	Zerk Grease Fittings			
Master Disconnect Switch	Switch to On Position			
Wheels / Cleats	Damage, Wear, Packed trash			
Transmission Oil Level	Transmission Oil Level			
Hydraulic Tank	Hydraulic Oil Level, Site Glass, Leaks, Damage			
Underneath Machine (Ground)	Around and Under Machine For Leaks, Puddles			
Blade and Cutting Edge	Cracks, Missing Bolts			
Blade Cylinders	Wear, Damage, Leaks			
Articulation Joint (Center Pin)	Greased Pins			
Lights	Damage to Lens, Housing or Wiring			
Engine Compartment				
Engine Oil	Engine Oil Level			
Engine Coolant	Check Coolant Level			
Radiator	Check Fins for Blockage or Leaks			
Fan/Belts	Cracks, Leaks			
Hoses, Fittings and Clamps	Leaks, Loose Clamps, Wear			
Overall Engine Compartment	Leaks, Trash, Debris			
On Machine Outside of Cab				
Ladders, Footsteps, Hand Rails	Bent, Cracks, Missing, Debris			
Glass	Broken Glass, Cleanliness			
Wipers/Washers	Wear, Damage, Fluid Level			
Doors and Latches	Proper Operation			
Fire Extinguisher	Charge, Damage			
Auto Lubrication System (if equipped)	Level			
Inside Cab				
Seat Belt	Damage, Wear, Adjustment			
Mirrors	Cleanlines, Adjustment, Cracks or Damage			
Operator Controls	Proper Labeling/Icons			
Fire Extinguisher	Charge, Damage			
Start-Up				
Horn, Backup Alarm, Lights	Verify Proper Operation			
Gauges, Indicators, Switches and Controls	Verify Proper Operation			
Steering, Brakes, Blade and Attachments	Exercise for Proper Operation			

Comments (additional comments can be made on the back of this form):

Operator's Signature: _____ Date: _____


Supervisor's Signature: _____ Date: _____

donc@northstarforms.com (877) 499-0492 ECR-TrashComp Rev 1/20

Z

Equipment Condition Report, Trash Compactor

Form # ECR-WheelLoader



Your Logo Here

Operator's Name: _____ Site Name: _____

Date: _____ Equipment Name: _____

Shift: _____ Meter Reading: _____

Fuel Added: _____

*"Good" indicates visual inspection completed and normal conditions observed
*DEF indicates visual inspection completed and deficiencies observed (requires a comment)

What item are you inspecting?	What are you looking for?	GOOD	DEF	N/A
From Ground				
Grease machine at all lubrication points	Zerk Grease Fittings			
Master Disconnect Switch	Switch to On Position			
Tires	Wear, Cuts, Visual Check Low/Flat			
Wheels	Missing/Loose Lugs, Cracked/Bent Retaining Ring			
Transmission Oil Level	Transmission Oil Level			
Hydraulic Tank	Hydraulic Oil Level, Site Glass, Leaks, Damage			
Underneath Machine (Ground)	Around and Under Machine For Leaks, Puddles			
Bucket and Cutting Edge	Cracks, Missing Bolts			
Lifting Arms and Pins, Lines and Hoses	Leaks, Cracks, Greased Pins			
Articulation Joint (Center Pin)	Greased Pins			
Lights	Damage to Lens, Housing or Wiring			
Engine Compartment				
Engine Oil	Engine Oil Level			
Engine Coolant	Check Coolant Level			
Radiator	Check Fins for Blockage or Leaks			
Fan/Belts	Cracks, Leaks			
Hoses, Fittings and Clamps	Leaks, Loose Clamps, Wear			
Overall Engine Compartment	Leaks, Trash, Debris			
On Machine Outside of Cab				
Ladders, Footsteps, Hand Rails	Bent, Cracks, Missing, Debris			
Glass	Broken Glass, Cleanliness			
Wipers/Washers	Wear, Damage, Fluid Level			
Doors and Latches	Proper Operation			
Fire Extinguisher	Charge, Damage			
Auto Lubrication System (if equipped)	Level			
Inside Cab				
Seat Belt	Damage, Wear, Adjustment			
Mirrors	Cleanlines, Adjustment, Cracks or Damage			
Operator Controls	Proper Labeling/Icons			
Fire Extinguisher	Charge, Damage			
Start-Up				
Horn, Backup Alarm, Lights	Verify Proper Operation			
Gauges, Indicators, Switches and Controls	Verify Proper Operation			
Steering, Brakes, Arms and Attachments	Exercise for Proper Operation			

Comments (additional comments can be made on the back of this form):

Operator's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

donc@northstarforms.com (877) 499-0492 ECR-WheelLoader Rev 1/20

AA

Equipment Condition Report , Wheel Loader

Landfill & Yellow Iron

Form # 163L-167L

[illegible]

BB

Equipment Repair History Folders

TAGS

Form # 116

 Your Logo Here
000-000-0000

GARBAGE COLLECTION SERVICE

would like to welcome you to the use of wheeled carts for your garbage collection service.

COLLECTION TIPS & INFORMATION

- **Cart Placement Instructions:**



Must be at curb or roadside
No more than 5 ft from truck

- Roll wheeled cart out to curb or alley by 6 a.m.
- Fill the cart first, it must be filled completely, then use cans for any extra garbage.
- Additional cans must weigh less than 65 pounds and be placed by your cart.
- Place your cart out on collection day only.
- Do not put toxic or flammable materials in the cart.
- Your cart is for normal home and yard waste.
- Do not park cars in front of the cart on pickup day.

Address

A SIDE1
Garbage Collection Notice

 Your Logo Here
000-000-0000

SERVICIO DE LA COLECCION DE LA BASURA

Les da la bienvenida al uso de carros de rueda para su servicio de coleccion de basura.

INFORMACION PARA SU DIA DE COLECCION

- **Basura instrucciones de compra de colocación:**



El carrito de basura debe de estar 5 pies de la calle

- Ruede el carro hacia fuera al camino o el callejon alas 6 a.m. el dia del servicio.
- Llenne el carro primero, debe ser llenado totalmente antes de que otros envases sean tomados.
- Los Botes adicionales no deben pesar mas de 65 libras. Y poner junto de su carro.
- Ponga por favor su carro afuera solamente del dia de coleccion.
- No ponga materiales toxicos o inflamables en el carro.
- su carro esta para la basura normal de la casa y de la yarda.
- No estacione los coches delante del carro el dia del servicio.

Address

SIDE 2
Garbage Collection Notice,
Spanish



 Your Logo Here

Beginning. is your new solid waste provider!

This is your new **RECYCLE** cart.

Please follow the following collection guidelines:

- Recycle day is every **TUESDAY** for residents of Forest Village, Spring Creek Pines, Fox Run, and Lockeridge Farms.
- Recycle day is every **FRIDAY** for residents of Legends Run.
- Please have your recycling at the curb no later than **7:00 a.m.**
- **ACCEPTABLE RECYCLABLE ITEMS** include newspaper, magazines, junk mail, colored paper, paper bags, folders, phone books, greeting cards, cardboard, paperboard, plastics #1-#7, glass bottles and jars, aluminum cans and foil, steel and tin cans, pots and pans, and small scrap.
- **UNACCEPTABLE ITEMS** include plastic bags, Styrofoam, soiled pizza boxes, coat hangers, paint/solvent containers, light bulbs, mirrors, windows, dishes and cups, wet/soiled paper, and soiled disposable plates.
- Place all recyclables in your cart. Overflow recyclables may be placed in personal containers clearly labeled "recycle" or cardboard boxes.
- Please keep a minimum of 3 feet of space between your recycle cart and all other items, including heavy trash, personal containers, garbage cart, mailboxes, cars, and trees.



Place your cart carefully—leave space on all sides.

For questions, comments, or concerns:

B New Service Provider Notice

TAGS

Form # 149

Your Logo Here

Please contact
Por favor póngase en contacto con
(209) 537-8000

Address (Domicilio): _____
Route # (# Ruta): _____ Date (Fecha): _____

1. Your Organic container was found to be contaminated with the following item (s)
Su bote de desechos orgánicos fue encontrado contaminado con los siguientes artículos:

- ☐ Garbage - Basura
- ☐ Dirt, rock, or concrete - Tierra, piedras o concreto
- ☐ Plastic bags or other plastic items
- ☐ Other - Otras Cosas _____

2. Failure to comply with collection service requirements is a violation of the City of Ceres Municipal Code and can result in penalty fines up to \$250. Falta para cumplir con colección servicio requisitos es un violación de la Ciudad De Ceres Municipa Código y puede resultar en pana multas hasta \$250.00

1st Notice of Violation _____
2nd Notice of Violation: \$100 fine _____
3rd Notice of Violation: \$200 fine _____
4th and subsequent Notice of Violation: \$250 _____

Place only following items in your organic container
Ponga Solamente estos artículos en su bote de desperdicios orgánicos

Yard Waste-Desperdicio de Yarda
Grass, leaves, brush - Párra, hojas, ramas
Plant clipping - Cortes de Plantas
Tree limbs less than 4 feet long and/or 6 inches in diameter - Ramas de árbol menos de 4 pies y 6 pulgadas de ancho

Food Waste - Desperdicio de Comida
Table Scraps - Sobras de Comida
Vegetables, fruits, and pits - Vegetables/Frutas
Meat, bones and fish - Carne, huesos y pescado
Egg shells, Casaca de huevos

Paper Waste- Desperdicios de paper
Cardboard shipping boxes - Cajas de carton
Napkins, paper towels, paper plates - Servilletas, platos y toallas de papel
No Styrofoam, or plastic plates - No tipo de plasticos o platos desechables

Please No: household garbage or recycle, plastic bags, glass, metals, plastics of any kind, concrete asphalt, liquid, oil, diapers, kitty litter, animal feces, scraps, lumber, wood products, dirt rocks.

Por Favor No: basura de plastico, vidrio, metal, plasticos de cualquier clase, cemento, asfalto, liquidos, aluminio, pañales, arena para gato, excremento de animales, madera, tierra o piedras.

***Please do not place organic waste in plastic garbage bags in the organic cart.**
***Por Favor no permitir bolsas con pasto o organicos.**

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(877) 499-0492

C Service Notice

Your cooperation will help the City perform a better and less costly service to you our customer

PLEASE

☐ 1.

Move vehicle on collection days or relocate container for easier pickup. It caused a problem today.

☐ 2.

Place container at least 3 feet away from the fence, mailbox, etc. If you have more than one container, they must be at least 3 feet apart. This will allow us to do a better job.

☐ 3.

☐ Place container on house side of road.
☐ Place container on opposite side of road.

☐ 4.

Place your container so that the handle is towards your house.

☐ 5.

Cut-up or collapse all boxes and cartons before placing them in containers.

☐ 6.

Place all garbage inside the container and close the lid.

☐ 7.

Place your container out earlier. We begin collection at 7 a.m.

☐ 8.

Place container maximum of 3 feet from side of road.

☐ 9.

Your scheduled day is now _____

Other Request(s): _____

Your Logo Here

City of

000-000-000

D Service Notice

Your Logo Here

000-000-000

Monday - Friday (Lunes a Viernes)
8 am - 5 pm

Address (Domicilio): _____ Date (Fecha): _____

Driver (Conductor): _____

- ☐ Service was provided today; however service may not be provided in the future because of the following (Sin embargo no pueden ser previstos en el futuro debido a los siguientes):
- ☐ Not serviced today because of the following (Servicio no se ha hecho hoy, debido a los siguientes):
- ☐ Placement of Cart (Colocación del bote de basura)
 - ☐ Cart too far from the curb - wheels should be against the curb (Bote alejado de la banqueta. Las ruedas deben de estar junto a la banqueta)
 - ☐ Cart should not be placed on the sidewalk (El bote no debe estar puesto en la banqueta)
 - ☐ Cart facing the wrong direction - front of cart must be facing the street (El bote está colocado en dirección contraria. El frente debe mirar hacia la calle)
 - ☐ Cart blocked by insufficient space - carts must be no less than 3 feet from objects and 6 feet from vehicles, basketball hoops, boats or other obstructions (No hay suficiente espacio para recoger el bote. Debe estar a no menos de tres pies de los objetos y seis pies de los vehículos, de la canasta de básquet, banchos u otra obstrucción)
- ☐ Overstandard or Overweight Cart (Bote de basura con sobrecarga o peso)
 - ☐ Cart overfilled - material must be level with card and lid fully closed (Bote lleno de más - el material debe estar a nivel con el bote y la tapa bien cerrada)
 - ☐ Material in cart packed too tight. Material must fall freely from cart when dumped (Material demasiado apretado en el bote. El material debe caer libremente cuando lo vacían)
 - ☐ Break down all cardboard (Todos los cartones deben romperse)
 - ☐ Material must be inside cart (El material debe estar dentro del bote)
- ☐ Extra Items Will Not Be Picked Up without Prior Authorization (No se recogerán artículos adicionales sin previa autorización)
- ☐ Trash Container is Contaminated (El bote de basura está contaminado)
 - ☐ No hazardous waste - no paints, pesticides or solvents (No desperdicios peligrosos - no pinturas, pesticidas o solventes)
 - ☐ No dirt, rocks, concrete or asphalt (No tierra, coque, concreto o asfalto)
 - ☐ No construction material (No materiales de construcción)
 - ☐ No television or computer monitors (No televisores o monitores de computadoras)
 - ☐ No Greenwaste - no grass, leaves, weeds, trimmings, shrubbery (No basura de jardinería - no hierbas, hierbas, recortes, arbustos)
 - ☐ No item longer than 6 feet (No artículos de más de 6 pies)
- ☐ Styrofoam Packing Material Must Be Bagged (Materiales de paquetería de esterofoam deben estar en bolsas y colocados en el bote de la basura)
- ☐ Container Needs to Be Replaced or Repaired - Please call Beriototti Disposal for service (Bote debe ser reemplazado o reparado - favor de llamar a Beriototti Disposal para servicio)
- ☐ Disabled Container(s) Inaccessible (Botes de basura de los deshabilitados inaccesibles)
- ☐ Other (Otro) _____

North Star Forms 877.499.0492 Form # 149.

E Service Notice

TAGS

Form # 149

Your Logo Here

Please Contact
Por favor pongase en contacto con la ciudad de
Departamento de Desperdicio Solido
000-000-0000
yourname@email.com

Address (Domicilio):
Driver (Conductor): Date (Fecha):

Your Organic container was found to be contaminated with the following item(s):
Su bote de desperdicios organicos fue encontrado contaminado con los siguiente articulos:

☐ Garbage or recyclables- Basura o reciclaje
☐ Dirt, rock, or concrete- Tierra, piedras o concreto
☐ Other- Otras Cosas

• Failure to comply with program can result in the removal of your can and a \$100.00 Administrative Citation.
• Multa de \$100 sera servido y suspension del bote de desperdicios organicos si no conforma con las reglas del programa de abono.

Place only the following items in your Organic Recycling Container
Ponga solamente estos articulos en su bote de desperdicios organicos

Yard Waste-Desperdicio de Yarda
• Grass, leaves, brush- Pasto, hojas, ramas
• Plant clippings- Cortes de planta
• Tree limbs less than 4 feet long and/or 6 inches in diameter- Rama de arbol menos de 4 pies y 6 pulgadas de ancho

Food Waste-Desperdicio de Comida
• Table Scraps- Sobras de comida
• Vegetables, fruits and pits- Vegetales/ Fruta
• Meat, bones and fish- Carne, huesos y pescado
• Egg shells, Cascaras de huevo

Paper Waste-Desperdicio de papel
• Junk mail, newspaper, magazines & phone books- Correo, periodicos, revistas, y guia de telefono
• Cardboard/Chipboard boxes- Cajas de carton
• Napkins, paper towels, paper plates- Servilletas, platos y toallas de papel (no styrofoam, or plastic plates- no tipo de plasticos o platos desechables)

PLEASE NO: household garbage or recyclables, plastic bags, glass, metal, plastics of any kind, concrete, asphalt, liquids, foil diapers, kitty litter, animal feces, scrap, lumber, wood products, dirt or rocks.
POR FAVOR NO: basura de plastico, vidrio, metal, plasticos de cualquier clase, cemento, asfalto, liquidos, aluminio, panales, arena para gato, excremento de animales, madera, tierra o piedras.

sales@northstarforms.com Form #149

F Service Notice

Your Logo Here

We Can't Haul It:

Name/Address: _____

Trash:

☐ Container is more than 5 ft from road/alley
☐ Container is not accessible
☐ Please bag all trash
☐ Hazardous material *Example: Paint, T.V's*
☐ Container is the wrong size - 32 gal. max.
☐ Container is overweight - 60lb. max.
☐ Per your request we are not to service extras
☐ Wrong week - *your trash is scheduled to be picked up next week*
☐ other

Recycle:

☐ Is more than 5 ft from road
☐ Plastic bags, clamshells, rigid plastic such as toys or trays
☐ Styrofoam
☐ Food soiled *Example: Pizza boxes*
☐ Tissues, napkins or paper towels
☐ Glass *needs to be separated and not in a bag*
☐ Corrugated Cardboard - *not larger than 2' x 2'*
☐ Plate glass
☐ Motor oil needs to be in clear, 1 gallon container
☐ other

Your Logo Here

sales@northstarforms.com form # 149

G Service Notice

Your Logo Here

Please contact
Por favor pongase en contacto con
000-000-000

Address (Domicilio):
Route # (# Ruta): Date (Fecha):

1. Your Organic container was found to be contaminated with the following item (s)
Su bote de desperdicios organicos fue encontrado contaminado con los siguiente articulos:

☐ Garbage - Basura
☐ Dirt, rock, or concrete - Tierra, piedras o concreto
☐ Plastic bags or other plastic items- Bolsas de plastico o otras cosas de plastico
☐ Other - Otras Cosas

2. Failure to comply with collection service requirements is a violation of the City of Ceres Municipal Code and can result in penalty fines of up to \$250. El incumplimiento de los requisitos del servicio de recoleccion es una violation de la Ciudad de Ceres Municipal Codigo y puede resultar en multas de hasta \$250.00.

1st Notice of Violation
2nd Notice of Violation: \$100 fine
3rd Notice of Violation: \$200 fine
4th and subsequent Notice of Violation: \$250

Place only following items in your organic container
Ponga solamente estos articulos en su bote de desperdicios organicos

Yard Waste-Desperdicio de Yarda
Grass, leaves, brush - Pasto, hojas, ramas
Plant clipping - Cortes de Plantas
Tree limbs less than 4 feet long and/or 6 inches in diameter - Ramas de arbol menos de 4 pies y 6 pulgadas de ancho

Food Waste - Desperdicio de Comida
Table Scraps - Sobras de Comida
Vegetables, fruits, and pits - Vegetables/Frutas
Meat, bones and fish - Carne, huesos y pescado
Egg shells - Cascara de huevos

Paper Waste - Desperdicio de Papel
Cardboard/chipboard boxes - Cajas de carton
Napkins, paper towels, paper plates - Servilletas, platos y toallas de papel
No Styrofoam, or plastic plates - No tipo de plasticos o platos desechables

Please No: household garbage or recycle, plastic bags, glass, metals, plastics of any kind, concrete, asphalt, liquids, foil, diapers, kitty litter, animal feces, lumber, wood products, dirt and or rocks.

Por Favor No: basura de plastic, vidrio, metal, plasticos de cualquier clase, cemento, asfalto, liquidos, aluminio, panales, arena para gato, excremento de animales, madera, tierra o piedras.


***Please do not place organic waste in plastic garbage bags in the organic cart.**
***Por Favor no se permite bolsas con pasto en el bote organico.**

donc@northstarforms.com (877) 499-0492 149

H Service Notice

TAGS

Form # 251

 Your Logo Here

000-000-000

Date ____/____/____ Time ____

Account # _____

Address _____

Driver _____ Route _____

Thank you for your business. In order to better service you we would appreciate assistance with the following situation we encountered when we arrived to provide service.

- ☐ 1 Your can was too heavy to safely empty (more than 65 lbs). Please distribute the waste to another bag or can.
- ☐ 2 Your can is not the proper size for your listed service. MAXIMUM CAN SIZE IS 32 GALLON.
- ☐ 3 The condition of your can no longer allows us to safely handle it. Please replace your can with a standard 32 GALLON can by your next pickup day.
- ☐ 4 Loose ashes or dust can cause worker eye injuries. Please wrap or bag these materials in the future to prevent such injuries.
- ☐ 5 To help keep your neighborhood clean, please make sure to bag your packing peanuts and shredded paper.
- ☐ 6 Please double bag your animal waste to facilitate handling.
- ☐ 7 Please place your cart at least 3 feet from mailboxes and other carts, 15 feet from basketball hoops, cars and trees. Place your cart as close to the curb or street as possible. Be sure the front of the cart faces the street.
- ☐ 8 YARD DEBRIS ONLY- no dirt, sod, rocks ashes, garbage, or animal waste.
- ☐ 9 RECYCLING ONLY- no garbage, yard debris or non recyclable materials.
- ☐ 10 There is a possible problem with the service at your address. Please contact our office at (503) 397-1534.

Other _____


Thank you for your cooperation!

www.northstarforms.com Form #251

I

Service Notice

Form # 256



Your Logo Here

Recyclable Materials

ACCEPTABLE

PAPER

Newspaper, Magazines, Catalogs, Junk Mail and Envelopes, Office Paper, Construction Paper, Colored Paper, Folders, Paper Bags, Phone Books, Holiday Cards and Greeting Cards.

CARDBOARD

Corrugated Cardboard Boxes, Paperboard Boxes (cereal boxes, soda/beer boxes, shoe boxes, etc.)

CONTAINERS

Aluminum Cans, Tin Cans, Steel Cans, Glass Bottles, Glass Jars, Empty Aerosol Cans, Aluminum Foil, Plastic #1 -#7 (milk soda, water, juice, liquor, shampoo, detergent, pool supplies, pet food, etc.), Metal Pots and Pans, Copper, Scrap Metal (nails, screws, gutters, etc.)

UNACCEPTABLE MATERIAL



PLASTIC BAGS, Styrofoam, Pizza Boxes, Coat Hangers, Paint and Solvent Containers, Light Bulbs, Mirrors, Windows, Dishes and Cups, Wet or Soiled Paper, Paper Towels, Facial and Toilet Tissue, Disposable Plates and Cups, Milk and Juice Cartons (wax board containers), Wrapping Paper.

Contact Information

www.northstarforms.com

J

Recyclable Materials

Your Logo Here

GARBAGE NOTICE

Date _____


Name _____ Acct # _____

Address _____

☐ SERVICE WAS PERFORMED TODAY. HOWEVER, YOUR COOPERATION IN CORRECTING THE ITEMS NOTED WILL BE APPRECIATED.

☐ FOR THE REASON(S) CHECKED BELOW, WE WERE UNABLE TO PROVIDE YOUR NORMAL SERVICE TODAY.

- ☐ Container too far from street.
- ☐ Please turn handle away from the street.
- ☐ Insufficient space to service or automobile blocking can.
- ☐ Over full container. Lid must be closed so material will not spill out when lifted.
- ☐ Items not serviceable:
 - ☐ Toxic, hazardous or flammable materials (such as oil, gas or paint)
 - ☐ Hot ashes
- ☐ Other _____
- ☐ E-Waste (TV's, Computers, Monitors, DVD Players, etc.) For more information about electronics recycling, call 1 (800) RECYCLE



THANK YOU!

000-000-000
www.dot.com

www.northstarforms.com 256.2111/ Service Notice Garbage

K

Garbage Notice

TAGS

Form # 256



OVERWEIGHT

☐ Oops! Your refuse container slightly exceeds the 40lb weight limit.
Weight _____
In the future, your overweight container may be subject to additional charges or may be rejected and left behind.

☐ Your refuse container exceeds the 40lb weight limit.
Weight _____
Additional charges apply for overweight materials. Overweight materials may be rejected and left behind.

Please call our office for solutions on reducing future container weights through increased recycling or by increasing your weekly can quantity.


Your Logo Here



OVERWEIGHT

☐ Oops! Your refuse container slightly exceeds the 45lb weight limit.
Weight _____
In the future, your overweight container may be subject to additional charges or may be rejected and left behind.

☐ Your refuse container exceeds the 45lb weight limit.
Weight _____
Additional charges apply for overweight materials. Overweight materials may be rejected and left behind.

Please call our office at _____ solutions on reducing future container weights through increased recycling or by increasing your weekly can quantity.



Your Logo Here

L

Overweight Notice
SIDE 1

Overweight Notice
SIDE 2

Form # 356


Your Logo Here

Date _____
 Military Base _____
 Address _____

RECYCLING CONTAMINATION NOTICE

Your cart was not serviced due to the contamination listed below:

<input type="checkbox"/> Glass (including glassware)	<input type="checkbox"/> Food contaminated paper plates or napkins
<input type="checkbox"/> Ceramics	<input type="checkbox"/> Metal hangers
<input type="checkbox"/> Styrofoam peanuts or containers	<input type="checkbox"/> Batteries
<input type="checkbox"/> Plastic tubs, lids, cups	<input type="checkbox"/> Aerosol cans
<input type="checkbox"/> Foil	<input type="checkbox"/> Light bulbs
<input type="checkbox"/> Plastic bags	<input type="checkbox"/> Toxic product containers
<input type="checkbox"/> Household Trash	<input type="checkbox"/> Other _____

THANK YOU!

Contact Information

sales@northstarforms.com form 356

M Recycling Contamination Notice, Triplicate

TAGS

Other

CONTAMINATION NOTICE

NOTIFICACIÓN DE CONTAMINACIÓN

Account Address Dirección de la cuenta: _____

Date Fecha: _____

Your recycling container is determined to be contaminated with materials that are not accepted in the recycling program:

Se ha determinado que su contenedor de reciclaje está contaminado con materiales que no son aceptados en el programa de reciclaje:



☐ Plastic Bags & Materials in Plastic Bags
Bolsas de plástico y residuos en bolsas de plástico



☐ Furniture & Carpet
Muebles y alfombras



☐ Foods or Liquids
Alimentos o líquidos



☐ Clothing & Textiles
Ropa y textiles



☐ Green or Yard Waste
Basura orgánica o residuos de jardín

☐ Other Otro: _____

☐ Your container was contaminated but collected. You may receive a contamination charge.

Su contenedor estaba contaminado, pero fue recolectado. Es probable que reciba un cargo por contaminación.

☐ Your container was substantially contaminated and had to be picked up by a trash truck. You may receive an additional charge as a result of handling the contamination.

Su contenedor estaba contudentemente contaminado y tuvo que ser recogido por un camión de residuos sólidos. Es probable que reciba un cargo adicional por el manejo de la contaminación.

If you have any additional questions about what can and can't be recycled, please visit

Si tiene preguntas adicionales sobre lo que se puede o no reciclar, visite por favor

Contamination Policy

To avoid future notices and fees, make sure to sort your recyclables accordingly. Recycling containers are considered contaminated if they include solid waste (trash), organic/yard waste materials, or other non-recyclable materials.

Política de contaminación

Para evitar futuras notificaciones y cargos, asegúrese de clasificar sus materiales reciclables según corresponda. Los contenedores de reciclaje se consideran contaminados si contienen residuos sólidos (basura), residuos orgánicos/residuos de jardín u otros materiales no reciclables.

FREE SERVICE OFFER!



_____ has
a **Special Offer** in 2013 for
Residential Customers!

*The offer is good for new customers only
and expires 10/1/13.

Call **307-324-5494** to get more details on
our special incentives or to *sign up now!*

- Flat rate of only \$25.00 per month
- Free Standard 95-gallon cart



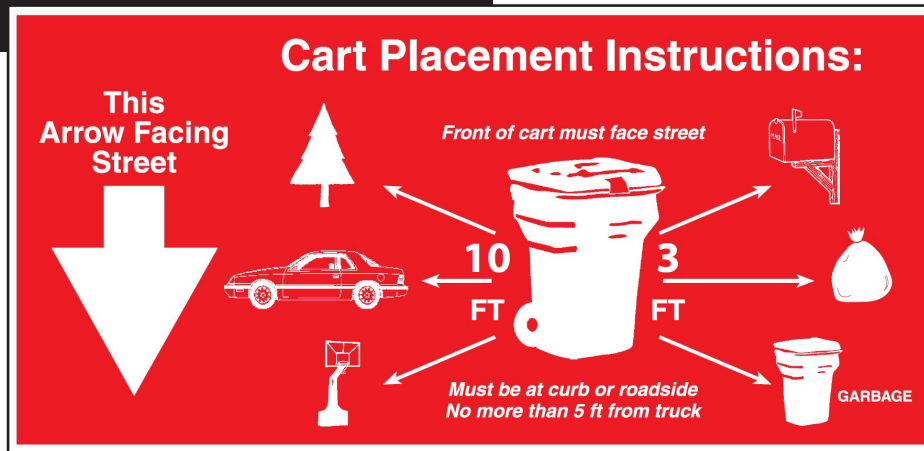
Your Logo Here

N Contamination Notice

O Free Service Offer


Decals

Form # D416A



A

Cart Placement

Recycle Notice	
<input type="checkbox"/>	Material Not Acceptable for Recycle Pickup
<input type="checkbox"/>	Please remove unacceptable items, and your cart will be picked up on your next service day
ALLOWED Aluminum Cans Tin Cans Flattened Cardboard Plastics (jugs,tubs,bottles) Paperboard	NOT ALLOWED <input type="checkbox"/> Pizza Boxes, Waxy Cardboard <input type="checkbox"/> Yard Waste <input type="checkbox"/> Glass <input type="checkbox"/> Garbage <input type="checkbox"/> Styrofoam <input type="checkbox"/> Linen
<input type="checkbox"/> Aluminum and Tin cans must be rinsed <input type="checkbox"/> Cardboard must be flattened and cut down to fit into the recycle cart. (No larger than 3x3 foot)	
Thank you, _____ _____ _____	
000-000-000 For questions or more information refer to your Company Name app.	
 Your Logo Here	
<small>done@northstarforms.com (877) 499-0492</small>	

B

Recycle Notice

Decals

Form # D142



Your Logo Here

Company statement

2024 January 2024

Sun	Mon	Tue	Wed	Thu	Fri	Sat
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

 L.Q. 3rd
  N.M. 11th
  F.Q. 17th
  F.M. 25th
  2024

C

Calendar

Form # D411

IMPORTANT NOTICE !!!

Starting January 18th



Your new collection day
for Garbage will be:



MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

Your pickup time may change. Please have all
Containers out by 7:00 am.

Please call Company (000)000-000 if you have questions.

D

Collection Day Change

Decals

Form # Recycle Notice

RECYCLING ONLY

All recyclables must be placed inside cart.

NO GLASS

For a list of glass recycling centers, visit [www.northstarforms.com](#)



CARDBOARD: Flatten boxes. Place inside cart.



PLASTIC: Bottles only, such as milk, pop, detergent or shampoo bottles. The opening must be smaller than the base. Rinse out and remove lids.



PAPER: Clean and dry newspaper, magazines, catalogs, mail, writing paper, phone books, cereal and other paperboard boxes, paper frozen food boxes, paper bags.



CANS: Aluminum and tin cans. Rinse out. Flatten (optional).




DO NOT RECYCLE THESE ITEMS: Glass, food-contaminated cardboard, paper or boxes, aluminum foil, scrap metal, metal hangers, aerosol cans, yogurt, margarine or other similar containers, bottles that contained motor oil or hazardous materials, such as pesticides, herbicides or automotive fluids.

QUESTIONS OR CONCERNS? Call: 1-877-499-0492

E

Special Die-Cut Recycle Notice



Recycle Notice

Your Logo Here

☐ Material Not Acceptable for Recycle Pickup
 ☐ Please remove unacceptable items, and your cart will be picked up on your next service day

ALLOWED


- ☐ Aluminum Cans
- ☐ Tin Cans
- ☐ Flattened Cardboard

NOT ALLOWED

- ☐ Pizza Boxes, Waxy cardboard
- ☐ Paper
- ☐ Any plastics
- ☐ Yard Waste
- ☐ Glass
- ☐ Garbage

☐ Aluminum and Tin cans must be rinsed
☐ Cardboard must be flattened and cut down to fit into the recycle cart, (No larger than 3x3 foot)

Thank you,



Your Logo Here

000-000-000

Visit [yoursite.com](#) for more information

F

Recycle Notice

To order, call: **877-499-0492**

northstarforms.com

Decals

Form # D417

2.125 x 14

US DOT 545444

2.125 x 11

DOT 545444

2.125 x 5.225

6035

2.125 x 5.225

6011

G

Form # D418

YARD DEBRIS ONLY

No oversized branches (over 4" in diameter), dirt, sod, stumps, metal, rocks, ashes, food, animal waste, or household garbage.
MAXIMUM WEIGHT: • 32-Gallon Can: 60 lb maximum • 30-Gallon Kraft Bag: 45 lb maximum • Bundles: 60 lb maximum
Please put this sticker on the side of your yard debris can, make sure the sticker faces the street, and set the can next to the curb on your pick-up day.

H

Yard Debris Notice

Form # D430E

***** REMINDER *****

THIS IS A FRIENDLY REMINDER THAT YOUR DAY OF SERVICE HAS CHANGED.

YOUR NEW SERVICE DAY IS:

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

This is a follow up reminder to the previous notice that you should have received and we apologize for any inconvenience this may cause.

Please call


for assistance.

I

Service Day Reminder

Office

Form # Rate Letter


Your Logo Here

Your Name
Director

Department
Location
City, State, Zipcode

July 1, 2023

(BILLING NAME)
(BILL NAME2)
(BILLING ADDRESS) (BILL ADD2)
(BILLING CITY) (BILLING STATE) (BILLING ZIP)

Service Location:
(SERVICE ADD NUM) (SERVICE ADDRESS) (SERVICE CITY) (SERVICE STATE)

Account Number: 2011- (ACCOUNT#)

Important Notice: Your garbage and recycling service fees are increasing.

Dear customer:

Due to the increased cost of doing business for garbage and recycling companies in Clackamas County, **fees to collect garbage and recycling are also increasing starting July 1, 2023.** Fees are increasing for several reasons including rising labor and disposal costs. The Board of approved this fee increase following the annual review of collection costs.

- Collection service for household garbage and recycling in your area will increase by about \$1.50 per month starting July 1, 2023.
- Collection service for businesses will increase by \$1.42 per yard per pickup.
For example, a 4-yard container picked up twice a week will increase by \$49.19 a month (calculation: \$1.42 x 4 yards x 2 collections per week x 4.33 weeks per month).

The program oversees garbage and recycling collection for unincorporated areas of the county including determining service options and collection fees. Find details about these fees and options for the size of your carts and containers at

Questions?
Call or email your garbage and recycling company or contact the


Sincerely,

Rural r. 000.000.000 r. 000.000.000 www.yoursite.com

A

Rate Increase Letter

Form # 124


Your Logo Here

LEAD FORM
FORMULARIO DE
CLIENTE POTENCIAL

*Date/Fecha: _____

*Reason For Lead/Razón para ser cliente potencial:

<input type="checkbox"/> New Customer/Competitor Nuevo Cliente/Competido	<input type="checkbox"/> Construction Project Proyecto de Construcción
<input type="checkbox"/> Vacant Building Construcción Vacante	<input type="checkbox"/> Increase in Service Mayoría en un servicio

*Employee Name/Nombre del Conductor: _____

*Employee ID/Identificación del Conductor: _____

*Company Name/Nombre de la Empresa: _____

*Address/Dirección: _____

*City, State, Zip/Ciudad, Estado, Código Postal: _____

*Phone Number/Número de Teléfono: _____

Business Type:
☐ Light ☐ Industrial ☐ Office ☐ Retail ☐ Restaurant ☐ Apartments ☐ Other

Business Type:
☐ Front Load ☐ Rear Load ☐ Recycle ☐ Roll Off ☐ Compactor ☐ Toter

Competitor Name: _____

of Containers: _____ Size of Containers: _____

Service Time (Ex., 5min, 6min, 10min): _____

Closest Account: _____ Account Number: _____

Comments/Comentarios: _____


B

Lead Form (Spanish)

Office

Form # 203

Request for Time Off

 Your Logo Here

Name _____ Date _____

Department _____ Status: ☐ Full-time ☐ Part-time

ID Number _____ Hire/Seniority Date _____

Supervisor's Name _____

Title _____

Requested Date(s) Off _____

Time of Departure _____

Time of Return _____

Reason for request _____

Signature of Employee _____

Time Off: ☐ Approved ☐ Denied

Request approved/denied by: _____

Title _____

Reason for approval or denial _____

For office use only.

☐ Paid absence ☐ Unpaid absence


if paid, deduct from: ☐ Personal ☐ Vacation ☐ Sick ☐ Other

☐ Excused ☐ Unexcused Previous Occurrences ☐ Yes ☐ No

Supervisor's signature _____ Title _____

donc@northstarforms.com (877) 499-0492 203.

Form # 275

 Your Logo Here

Service Proposal

Customer Name: _____

Customer Address: _____

City: _____ Zip: _____

Attention: _____ Phone: _____

E-mail: _____

FRONT LOAD TRASH DUMPSTER

Frequency of Service:

size:	Quantity:	EOW:	1X Week:	2X Week:	3X Week:	4X Week:	5X Week:	SubTotal:
2 YARD:								
4 YARD:								
6 YARD:								
8 YARD:								

recycling service: _____ SubTotal: _____

Cardboard: _____

96 Gallon _____

Monthly Total: _____

ROLLOFF DUMPSTER

size:	Quantity:	Delivery:	Haul:	Landfill per Ton:	Monthly rental:
20 YARD:					
30 YARD:					
40 YARD:					


Notes: _____

Sales Representative: _____


E-mail: _____

Phone: _____


This Quote is valid for 30 days from: _____




2 Cubic Yard
W-72" L-40" H-38"



6 Cubic Yard
W-72" L-66" H-62"



20 Cubic Yard
L-22' x W-8' x H-4'



40 Cubic Yard
L-22' x W-8' x H-8'

4 Cubic Yard
W-72" L-54" H-52"

8 Cubic Yard
W-72" L-71" H-74"

30 Cubic Yard
L-22' x W-8' x H-6'

Form #275
www.northstarforms.com

C

Time Off Request

D

Service Proposal

Office


Form # 301

www.northstarforms.com
Form #301

PINK - BOOK COPY

CANARY - CUSTOMER ACCOUNTING

WHITE - CUSTOMER RECEIPT

 **Your Logo Here** DATE _____

ACCOUNT NAME _____ ACCOUNT # _____


ACCOUNT ADDRESS _____ AMOUNT PAID _____

BALANCE _____

☐ Cash ☐ Check # _____ ☐ Money Order

☐ Credit Card ☐ Drop ☐ _____

☐ Restart _____ BY: _____

 **Your Logo Here** DATE _____

ACCOUNT NAME _____ ACCOUNT # _____


ACCOUNT ADDRESS _____ AMOUNT PAID _____

BALANCE _____

☐ Cash ☐ Check # _____ ☐ Money Order

☐ Credit Card ☐ Drop ☐ _____

☐ Restart _____ BY: _____

 **Your Logo Here** DATE _____

ACCOUNT NAME _____ ACCOUNT # _____


ACCOUNT ADDRESS _____ AMOUNT PAID _____

BALANCE _____

☐ Cash ☐ Check # _____ ☐ Money Order

☐ Credit Card ☐ Drop ☐ _____

☐ Restart _____ BY: _____

 **Your Logo Here** DATE _____

ACCOUNT NAME _____ ACCOUNT # _____

ACCOUNT ADDRESS _____ AMOUNT PAID _____

BALANCE _____

☐ Cash ☐ Check # _____ ☐ Money Order

☐ Credit Card ☐ Drop ☐ _____

☐ Restart _____ BY: _____

E

Receipts


Form # 306

www.northstarforms.com
Form #306

PINK - BOOK COPY

CANARY - CUSTOMER ACCOUNTING

WHITE - CUSTOMER RECEIPT

 **Your Logo Here** **PURCHASE ORDER**

COMPANY NAME _____

Address _____

City, State, Zipcode _____

Phone (000) 000-0000 _____

PURCHASE ORDER

2012 -

This NUMBER MUST APPEAR on INVOICE and ALL Shipping Papers

TO: _____

SHIP TO ABOVE UNLESS OTHERWISE NOTED HERE

DATE	ORDER PHONED TO	DATE REQUIRED	FOR	SHIP VIA		
ITEM	PART NO.	QUAN. ORDER	QUAN. REC'D	DESCRIPTION	UNIT PRICE	PRICE EXTENDED
1						
2						
3						
4						
5						
6						
7						
8						
9						
INVOICE #					TOTAL	

LOBS

000 - General

100 - Roll Off

200 - Residential

210 - Recycling

300 - Commercial

800 - Sanitation

12002 - Bulk Fuel

51175 - Equip/Vehical Rental

51295 - Licenses

52045 - Contract Labor

52086 - Safety and Training

52087 - Drug Screening

52090 - Uniforms

52120 - Parts and Materials

52125 - Operating Supplies

52135 - Equip & Maint Rep

52140 - Tires

52142 - Fuel Expense

52146 - Oil and Grease

52147 - Outside Repairs

52182 - Towing

52185 - Lodging

55125 - Container Oper Supp

55135 - Container Repairs

57125 - Sanitation Supplies

57147 - Bldg & Property

57357 - Permits

70095 - Empl & Commun Activ

70110 - Contributions

70150 - Utilities

70165 - Communications Office

70185 - Postage

70195 - Dues and Subscriptions

70201 - Entertainment

70203 - Travel

70206 - Meals

70209 - Photo Supplies

70210 - Office Supplies and Equip

70336 - Coffee Bar

70345 - Security

I certify that this purchase is of reasonable price and quality.

BUYER _____

I certify that this purchase was received and checked in as ordered.

RECEIVER _____ DATE _____

APPROVED: _____


DISTRICT MANAGER _____ DATE _____

F

Purchase Order

Office

Form # 307



Your Logo Here
ADDRESS
CITY, STATE, ZIP CODE
PHONE (000) 000-0000

Customer's Name _____
Customer's Billing Address _____ Phone _____
Customer's Service Address _____
Customer's Service Contact _____ Phone _____

SERVICE AGREEMENT

ORDER NO. _____
Prepared By: _____
Approved By: _____
Customer Number _____

NEW ACCOUNT ☐
CHANGE ☐
TEMPORARY ☐
RENEWAL ☐

CONTAINER SPECIFICATIONS

QUANTITY	CAPACITY (Cubic Yards)	TYPE OF CONTAINER				
		OPEN	CLOSED	LIDS	DOCK	OTHER

Roll-Off Container Service Hours - Mon.-Fri. 6AM-3PM
LIQUIDATED DAMAGES
The parties acknowledge that the damages which Contractor will incur in the event of a breach by Customer are difficult to ascertain. The parties further acknowledge that Contractor is not expected to guarantee the gross income of Contractor which would otherwise accrue under this Service Agreement. The parties therefore agree that, should Customer breach this Service Agreement, Contractor's liability is limited to, _____% of the Service Charge Per Month or of the Service Charge Per Load, whichever is applicable, for each month, or portion thereof, the breach continues, up to and including the number of months remaining in the Initial Term and the Renewal Term of this Service Agreement or the remainder of any Subsequent Renewal Term if applicable.

SCHEDULE OF CHARGES

(COMPLETE APPLICABLE ITEMS)

Service Charge Per Month \$ _____
Service Charge Per Load \$ _____
Dumping Charge \$ _____
Extra Charge Over Base or Extra Pickup \$ _____
Service Charge Per _____ \$ _____
(Yard, Cans, Drums, etc.)
\$ _____
\$ _____
Equipment Delivery Date _____
Beginning Date of Monthly Charges _____

CUSTOMER

Idaho Corporation _____
Idaho Partnership _____
A Sole Proprietorship _____ Other _____
Authorized Signature _____
Name (Please Print) _____
Title _____
Date _____
The Terms and Conditions on Reverse Side Are Expressly Incorporated.

CONTRACTOR

An Idaho Corporation _____
Representative's Signature _____
Name (Please Print) _____
Representative's Title _____
Date _____


FOR OFFICIAL USE ONLY

	MON	TUE	WED	THUR	FRI	SAT	SUN	TOTAL
NEW								
ROUTE								

Frequency of Service _____ Days Per Week
On Call _____
Initial Term Three Years
www.northstarforms.com

MISC. SPECIAL INSTRUCTIONS / DESCRIPTION OF EQUIPMENT, ETC.

4 - 8 - 7
Form # 307



Your Logo Here

SERVICE PROPOSAL






DATE _____

Phone: _____ Fax: _____

We are pleased to offer the following proposal covering highly efficient waste collection and disposal systems:


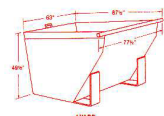
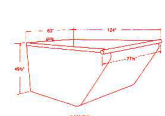
FRONT-LOAD CONTAINER SYSTEM

FRONT-LOAD CONTAINER(S) _____ cu. yd., furnished and well-maintained by _____ emptied _____ times per week at \$ _____ per month.



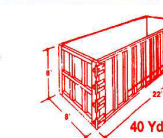
REAR-LOAD CONTAINER SYSTEM

REAR-LOAD CONTAINER(S) _____ cu. yd., furnished and well-maintained by _____ emptied _____ times per week at \$ _____ per month.

ROLL-OFF CONTAINER SYSTEM

_____ will place and maintain _____ cu. yd., Roll-off container(s) delivery charge \$ _____ rental \$ _____ per haul.

All prices are valid for thirty days.

By _____ Sales Representative

307: _____ WHITE COPY - Customer YELLOW COPY - Sales Manager PINK COPY - Sales Representative NORTH STAR FORMS (877) 499-0492

G


Service Agreement

H

Service Proposal

Office

Form # 307


Your Logo Here

SERVICE PROPOSAL

We are pleased to offer the following proposal for all of your waste needs.

DATE

NAME

COMPANY


ADDRESS






CITY STATE ZIP

PHONE

FRONT-LOAD CONTAINER SYSTEM

_____ FRONT-LOAD CONTAINER(S) _____ cu.yd., furnished and well maintained by _____, emptied _____ times per week at \$ _____ per month.




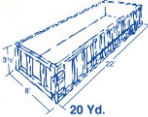
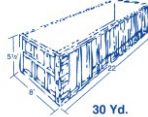
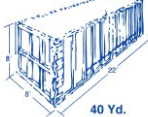






2 Yd. Container
3 Yd. Container
4 Yd. Container
6 Yd. Container
8 Yd. Container

ROLL-OFF CONTAINER SYSTEM

_____ will place and maintain _____ cu. yd. Roll-off container(s) \$ _____ delivery charge \$ _____ rental \$ _____ per haul




20 Yd.
30 Yd.
40 Yd.

All prices are valid for thirty days.

By _____

I Service Proposal

Form # 320


Your Logo Here

Request For Time Off

Employee Name: _____ District: _____

Vacation 1

From: _____ Thru: _____

Total Hrs: _____

Vacation 2

From: _____ Thru: _____

Total Hrs: _____

Vacation 3

From: _____ Thru: _____

Total Hrs: _____

Vacation 4

From: _____ Thru: _____

Total Hrs: _____

Float Day

From: _____ Thru: _____

Total Hrs: _____

Leave of Absence

From: _____ Thru: _____

Total Hrs: _____

Bereavement

From: _____ Thru: _____

Total Hrs: _____

Jury Duty

From: _____ Thru: _____

Total Hrs: _____

Military Duty

From: _____ Thru: _____

Total Hrs: _____

Other

From: _____ Thru: _____

Total Hrs: _____

Comments: _____

Employee Signature: _____

Date: _____

Approved: _____ Not Approved: _____

Date: _____ Date: _____

©2010 NORTH STAR FORMS, LLC (877) 499-0492
OPERATIONS COPY
FORM#320-1


J Request for Time Off (Triplicate)

To order, call: **877-499-0492**

northstarforms.com

Office

Form # 3050



Your Logo Here

SAFETY HAZARD REPORT
 _____ District

Name of Observer _____ Date _____ Time _____

Received by Supervisor _____ Date _____ Time _____

Reported to: _____ (Print Supervisor Name)

HAZARD OBSERVED: _____

SUPERVISOR RESPONSE: (Must respond within 24 hours - in writing - include target completion date)
 (TURN IN TO SAFETY COMMITTEE CHAIRPERSON WHEN THIS SECTION IS COMPLETED BY SUPERVISOR)

TARGET COMPLETION DATE: _____

HAZARD CORRECTED ON: _____ (Date)

SIGNATURES: Supervisor: _____

Observer: _____

Safety Committee Chairman: _____

donco@northstarforms.com (877) 499-0492

FORM # 3050.

Form # Name Plates

DONALD COATES

DONALD COATES
OPERATIONS

L

Name Plates

K

Safety Hazard Report

Mailings

Form # E10



Your Logo Here

Company Address Line 1
Company Address Line 2

A

#10 Envelope, one color



Your Logo Here

Company Address Line 1
Company Address Line 2

B

#10 Envelope, multi-color

Mailings

Form # Direct Mail Postcards

New Collection Pick-Up Schedule

Nobody likes surprises - which is why we are giving you advance notice of changes that will soon improve your residential trash collection service. These changes have been made in order to service you more consistently, effectively and with safety as the top priority. We sincerely apologize for any inconvenience.

EFFECTIVE JUNE 5, 2023

Your scheduled pick-up day for residential trash collection will move from TUESDAY to **MONDAY**



 Your Logo Here

 Your Logo Here

Company Address Line 1
Company Address Line 2

For further details, please visit

Please send name or address corrections to the address above.

EFFECTIVE JUNE 5, 2023

C

Two-Sided Direct Mail Postcard

Dear Resident,

In 2024, your new trash collection day will be **Tuesday**. Due to the New Year's Day holiday, the first week of service will be delayed by one (1) day. Please refer to the calendar that was mailed to you or visit

to view your schedule.

Service Guidelines

Place your carts at least 3 feet apart and 3 feet away from any obstacles (trees, cars, mailboxes, etc.) to allow the automatic arm to lift and empty the carts. Place the wheels of cart toward the house.



 Your Logo Here


Company Address Line 1
Company Address Line 2

D

Two-Sided Direct Mail Postcard

Mailings

Form # Invoice


Your Logo Here

Company Name
 Address
 City, State Zip

Page 1 of 1

INVOICE #
DATE 12/15/2023
ACCOUNT #
AMOUNT DUE: \$ 38.30
Statement Date 12/15/2023
Due Date 01/04/2024

Bill To: _____ *Location:* _____

DATE PAID _____ CHECK NO. _____ AMOUNT _____

For proper credit please return top portion.

DATE	REFERENCE	DESCRIPTION	QUANTITY	AMOUNT	TOTAL
		<u>Previous Balance</u>			76.60
		<u>PAYMENTS RECEIVED</u>			
11/30/23	1393	CHECK PAYMENT	1.00	-38.30	-38.30
11/30/23	1393	CHECK PAYMENT	1.00	-38.30	-38.30
		<u>CHARGES THIS INVOICE</u>			
01/01/24		(1) 96-gal 1X Wk	1.00	34.87	34.87
01/01/24		Rental Fee - 96-gal	1.00	0.64	0.64
01/01/24		MONTHLY PAPER STATEMENT FEE	1.00	2.75	2.75
Invoice is for 1-month service period 01/01/2024-01/31/2024. Thanks for being				Current Charges:	38.26
				Taxes:	0.04
				Invoice Total:	38.30

AGE	CURRENT	30 DAYS	60 DAYS	90 DAYS	FINANCE	Please Pay
AMOUNT	38.30	0.00	0.00	0.00	0.00	\$38.30

Account # 100101 Please pay the amount due. Mail us a check, stop by our office in _____, give us a call, or **SAVE TIME AND PAPER** by paying online

RAD CURBSIDE

E

Customer Invoice

Mailings

Form # Brochure

Dear Resident of

WM and the City are proud to bring you convenient curbside recycling to your home. Your 64-gallon recycling carts will be delivered the last week of November through the month of December. If you do not receive your cart by Jan. 1, 2024, please contact WM.

Waste & Recycling Collection Guidelines

Waste and recycling will be collected weekly on Mondays. Make sure all trash is bagged before placing in your cart.

Please recycling directly into your cart. **Keep loose plastic bags out of your cart and do not bag your recyclables.**

Cart Delivery

WM will distribute a 64-gallon recycle cart with a yellow lid to each residence starting the last week of November through December. The cart will be delivered to the end of your driveway. You do not need to be home when the cart is delivered. Please bring your cart to either you receive it. Recycling service will start on January 1. **Please do not put the cart out before then.** If you do not receive your cart by January 1, please contact WM.

Important Cart Placement Information

Place your cart at least 3 feet away from all objects including your second cart, mailbox, car, or tree to enable the automatic arm to lift and empty the carts. The lid opening should face the street with the wheels of the cart facing your house. Please don't park your car in front of the cart as the truck will not be able to service your cart.

Please have your trash cart at the curb by 7 a.m. on your regular collection day.

The cost for an additional trash cart is \$45/month billed annually - \$48. Senior residents may call and request a smaller 64 gallon trash cart.

2023-24 Observed Holidays

Collection will only be delayed for the holidays that fall on Mondays. The following holidays will result in delayed collections.

Thanksgiving Day: November 23, 2023
New Year's Day: January 1, 2024
Memorial Day: May 27, 2024
Independence Day: July 4, 2024

Christmas Day: December 25, 2023
Labor Day: September 3, 2024
Thanksgiving Day: November 21, 2024
Christmas Day: December 25, 2024

Join at the importance of

on Dec. 7 at 6 p.m.
to learn more about

4 Simple Steps to at Home

1. Select a Container and Space
 Select a container and place it where you generate recyclables - in the kitchen, pantry or home office. There's no wrong place to Recycle Right!
Best Practice: Set up several recycling containers around the house to collect bottles, cans, paper and cardboard.

2. Label Your Recycling Container
 Know what and how to with an easy-to-follow label. Visit wm.com/recyclelight to download a label in English or Spanish.
Best Practice: Place the sign on or above your container.

3. Collect Your Recycling
 Recycle clean and dry bottles, cans, paper and cardboard (batteries). Keep food, liquid and loose plastic bags out of recycling. Do not bag your recyclables.
Best Practice: Identify a place to store large, broken-down cardboard boxes until you can take them to your cart with your other recycling.

4. Set Up a Routine
 Create a simple routine to regularly empty smaller recycling containers throughout your home into a larger recycling container.
Best Practice: Take the recycling container with you each time you take out the trash.

Tagline

Buy.
 Get your Recycle Right tag at a house improvement store. It's important to have this tag in your house.

Fill.
 The Recycle Right tag is unique to you and your house. It's the only tag you need to get your recycling right.

Go.
 Head out to the curb with your tag and your recycling.

For More Information

Scan to learn the 3 Basic Rules

Your Logo Here

Great things happen when residents Recycle Right! When individuals recycle everyday items like those shown below, tons of new materials, time, energy and money are saved. Plus, the recycled materials become new products, and the cycle continues.

- Empty recyclable materials directly into your recycling cart - don't bag recyclables
- Containers that hold food should be rinsed and free of food debris

The following items may be recycled:

Always Recycle

Plastic Bottles & Containers Glass Bottles & Containers Food & Beverage Cans
 Paper Flattened Cardboard & Packaging

Do Not Include in Your Recycling Container

NO Food or Liquids NO Foam Cups & Containers NO Green Waste
 NO Batteries NO Loose Plastic Bags, Bags Recyclable or Not NO Clothing, Furniture & Carpet

© 2023 WM Household Property Holdings, LLC

Bulk Items

NEW LIMIT: will pick up no more than 2 bulk items on your regular trash collection day. To schedule your pickup, visit wm.com or call wm.com.

Bulk Items Include:

- Carpet - please cut, roll and tie in lengths no greater than 4 ft.
- Appliances - remove appliance doors and doors (Froth must be removed or will not collect)
- Large screen TVs - 42" and up
- Furniture, mattresses and box springs - must be wrapped in plastic with duct tape
- Lumber - bundle and tie wood products in lengths no longer than 3 feet and 40 pounds. Lumber such as 2 x 4 to be bundled and tied in lengths of 36 inches and 40 pounds
- If the truck picking up your trash leaves the bulk item, a separate truck will be sent to collect it.
- Bulk Construction debris is limited to 2 bundles of 40 pounds x 48 inches or two items such as 2 cabinet fixtures.

Non-acceptable waste

The following items are not acceptable for curbside disposal.

Automotive Products
 Antifreeze, batteries, brake fluid, tires, motor oil and filters, fuels, and more.

Garden Chemicals
 Fertilizers, insect sprays, herbicides, pesticides, and weed killers.

Paint Products
 Paint, oak, glaze, stain, sealer, primer, and wood preservative.

Household Cleaners
 Ammonia, bleach, drain cleaner, rust removers, tile/grout cleaners, upholstery cleaners, and more.

Electronics
 Computers, monitors, keyboards, MP3 players, televisions, DVD/CD players, tape players, VCRs, cell phones, desktop printers, fax machines, and microwaves.

Mercury and Lithium-containing Items
 Batteries, compact fluorescent lamps, fluorescent tubes, thermometers, and thermostats.

Sharps, needles, and lancets
 Must be placed in a sealed, rigid, puncture resistant container.

Your Logo Here

Scan and plan How Recycling Works

Have questions? Please contact customer service at wm.com

F

Two-Sided Trifold Direct Mail Brochure

To order, call: 877-499-0492

northstarforms.com

Postcards & Brochures

Form # 130

TRASH Collection

Please have all items at the curb by 6:00 am.

Here are a few tips on using our 96 gallon trash and yard waste carts:

- Please **bag** all loose garbage before placing in cart to reduce windblown litter in your neighborhood.
- Please try to get all garbage into the provided trash cart. We will pick up a maximum of 6 extra items as long as they are bundled or bagged and will fit inside the trash cart.
- Place your cart at least 4 feet away from mailboxes, cars, fences, light poles, etc.
- Place cart at the curb with the front of the lid facing the curb.
- **Branches and Brush** – These items are considered trash. Please cut into 4 foot lengths and tie in bundles 3-1/2 feet in circumference and place beside the trash cart. Must be less than 40 pounds.
- **Boxes** – Please cut and flatten the boxes so they can fit into your container.
- We can **NOT** collect paints, solvents, motor oils, antifreeze, car batteries, tires or appliances.
- For an additional fee, we will pick up bulky items such as furniture, carpet, etc. Please call our office for pricing and schedule a pick-up.

YARD WASTE Collection

Yard waste is an additional service that we offer. Yard waste is defined as **grass and leaves only** and runs April 1st - November 30th. Your disposal options include using a mulching mower, composting, or having us haul it a compost site.

Our service includes the use of a 96 gallon cart for yard waste only.

- We do pick up extra yard waste outside the provided container if paper biodegradable bags are used – 12 bags maximum.
- **No plastic bags** can be used.
- December through March, the provided 96 gallon yard waste cart may be used for household trash.

Please try and fit all trash and yard waste inside the provided carts.

Call information about additional carts, if needed.



000-000-0000
yourwebsite.com

BI-WEEKLY RECYCLING Collection

We encourage all residents to participate in . . .
The more you recycle, the more you benefit **YOUR** community.

Place the following items directly into your bin. Please do not place in separate bags.

• • • NO SEPERATING REQUIRED • • •

ALUMINUM AND TIN: Rinse out all food and beverage containers. We no accept formed aluminum containers (example: disposable pie plates). We also accept clean alumnim foil/tin cans and aluminum cans.

AEROSOL CANS AND PAINT CANS: These cans must be empty (example: hairspray and deodorant). Paint cans must have paint removed.

PAPER: Place in the bins – newspaper (including advertising supplements), magazines, brown grocery bags, telephone books, catalog, office paper, junk mail, envelopes (any type). We accept empty chipboard (example: cereal boxes), wet strength carrier stock (example: 12 pack beverage boxes), frozen food bpackages (example: TV dinner boxes), and juice boxes.

CARDBOARD: Place under bin – clean corrugated cardboard boxes or shipping boxes. Break down or cut boxes so they are flat and no longer than 2 x 2 ft. Cardboard needs to be bundled.

PLASTIC: At this time we collect 1 thru 7 plastic containers. To recognize these please look at the bottom of the container for the recycling symbol 1, 2, 3, 4, 5, 6, 7. Rinse and place in bin. (Examples: pop bottles, milk bottles, detergent bottles, bleach bottles, butter tubs, sour cream cartons, dip containers.)

PLEASE NOTE – WE DO NOT TAKE: Glass, styrofoam, rubber bands, plastic bags, soiled paper (example: pizza boxes), tissue paper, paper towels or wax-coated paper.



A

Recycling Brochure

Postcards & Brochures

Form # 130



CURBSIDE RECYCLING GUIDE

 Your Logo Here

1 IN THE CART

PAPER & CARDBOARD

YES:

- Newsprint, magazines, junk mail, phonebooks, paper bags, cereal boxes, gift and shoe boxes, writing and printing paper
- Shredded paper – Contain in brown paper bag
- Milk cartons, drink boxes, soy milk and soup boxes – Rinse out
- Cardboard – Flatten boxes and cut down to fit inside cart, pieces no larger than 2' x 2'

NO:

- Tissues, paper towels or plates
- Food-soiled paper
- Foil wrapping paper, pet food bags with plastic liners, or waxed paper liners as found in cereal boxes
- Frozen food or juice concentrate containers

GLASS BOTTLES & JARS

YES:

- Glass bottles and jars – Rinse and remove lids

NO:

- Light bulbs
- Window glass
- Flower vases
- Ceramics
- Lids
- Mirrors
- Drinking glasses

BATTERIES

YES:

- Place alkaline batteries in orange sealable bag and place in your recycle cart.
- Bags are provided, please contact our office.

NO:

- Rechargeable batteries
- Lithium batteries

USED COOKING OIL/ MOTOR OIL/MOTOR OIL FILTERS

YES:

- Put in a clear one gallon plastic jug with a screw top lid
- Place filters in sealable plastic bags
- Limit to 5 x 1-gallon containers

NO:

- Do not mix with other liquids
- Do not mix cooking oil with motor oil

2 OTHER ITEMS NEXT TO CART

METAL

YES:

- Aluminum and tin cans – Rinse clean
- Clean foil
- Aerosol cans – Empty cans only; remove lids and nozzles
- Scrap metal – No larger than 24" in any direction and less than 35 pounds; remove any attached plastic, rubber or wood

NO:

- Foil with food on it
- Partial or full aerosol cans – Must be taken to a Household Hazardous Waste collection site
- Automotive parts

PLASTIC BOTTLES & TUBS

YES:

- Plastics #1- #5, #7
- Plastic tubs
- Plastic buckets, 5 gallons or less
- Nursery pots
- All plastic bottles–Rinsed
- Bottles used for chemicals – empty bottles only
- Plastic trays or clamshells
- Motor oil bottles – empty bottles only
- Plastic bags, wrap or film

NO:

- Styrofoam™ or other block foam

All recyclable material must be placed in this cart no personal containers will be serviced.

Please have all recyclables at the curb the night before your service day

Ask

Form # 134



Recycling

We offer **Commercial Recycling services** that can often be used in conjunction with your garbage services to help you reduce costs and benefit our environment. In most cases a business can reduce their waste by augmenting their service with a commingle recycling container.

 Your Logo Here

E-Waste Recycling

More than 50% of waste that's discarded in reusable or recyclable.



Recycling your old electronics helps keep toxic materials out of our landfills and allows for recovery of valuable resources.

The electronics this program collects are taken apart and separated into materials such as glass, plastic, metal and toxic chemicals.

free and convenient E-Waste drop off at its

Electronics, especially TVs and computers, contain toxic materials such as lead, cadmium and mercury.

C

Recycling Tri-Fold Brochure

B

Recycling Brochure

Postcards & Brochures

Form # 134



Recycling

We offer **Curbside Recycling services** on a voluntary basis, costing less than a quarter a day.* Use our convenient 64 gallon recycling cart to assist in minimizing the amount of your garbage, **allowing you to downsize your current service**, plus, adding convenience by allowing your recyclables to be picked up at the curb every other week.

 Your Logo Here

Yardwaste Recycling

Save your green waste from the awful fate of the landfill with yard debris services from

With this convenient service, lawn trimmings, leaves, and other yard waste can be set out on the curb for every other week pickup.

 **Reduce & Reuse**

Here's a few ideas to reduce garbage & help the environment!

Careful shopping, avoiding over packaged goods, and donation of reusable items to charity. Use reusable tote bags for groceries, opt for paper which can be placed in your curbside recycling cart, or check with your local grocer for plastic bag recycling.

E-Waste Recycling

offers free and convenient E-Waste drop off at its


Electronics, especially TVs and computers, contain toxic materials such as lead, cadmium and mercury. **Recycling your old electronics helps keep toxic materials out of our landfills and allows for recovery of valuable resources.**

The electronics this program collects are taken apart and separated into materials such as glass, plastic, metal and toxic chemicals.

D

Recycling Tri-Fold Brochure

Form # 135



Your Logo Here 2024

JANUARY 2024	FEBRUARY 2024
MARCH 2024	APRIL 2024
MAY 2024	JUNE 2024
JULY 2024	AUGUST 2024
SEPTEMBER 2024	OCTOBER 2024
NOVEMBER 2024	DECEMBER 2024

Your pickup day is _____

Your pickup is on the _____ week

Service: Curbside Recycling

Welcome to Curbside Recycling



Curbside materials will be collected separately from your garbage every other week.

If contents are wedged preventing collection, a return trip charge will be applied.

Adverse weather conditions may affect your recycling pickup.

- ✓ Sign up for waste collection reminders
- ✓ Receive service alerts for collection
- ✓ Search how to properly dispose of materials

DOWNLOAD OUR APP AT

 Available on the App Store  GET IT ON Google Play

See our website for a complete listing of accepted and prohibited items:

yoursite.com

Holidays

C indicates the holidays when there is no pickup. All routes will be one day late for the remaining days of the week. Service will remain normal if the holiday falls on a weekend.

2024 Holidays

Sunday, January 1 - New Year's Day
Monday, May 27 - Memorial Day
Thursday, July 4 - Independence Day
Monday, September 2 - Labor Day
Thursday, November 28 - Thanksgiving
Wednesday, December 25 - Christmas Day

Plastics

→ Plastic containers & bottles
→ Neckers smaller than their bases showing symbol

Paper

→ Food boxes (i.e. cereal & jello boxes)
→ Paperboard boxes (i.e. tissue boxes, etc.)
→ Newspapers & inserts
→ Envelopes & junk mail
→ Phone books & other soft cover books
→ EMPTY paper towel & toilet paper rolls
→ Office paper - any color
→ Magazines, catalogs & brochures
→ Paper bags
→ Shredded paper (placed in paper bags - NOT LOOSE)

Metal


→ Steel (Tin cans)
→ Aluminum cans

WHAT IF I HAVE EXTRA RECYCLING?

If you are exceeding your current cart, additional carts can be requested at a charge.

What to do on recycling day

- Cart should be at the curb by 6 am
- All items must fit in cart with the lid closed
- Lid opening toward street handle toward house
- See diagram below for cart distances
- Remove empty cart from curb as soon as possible



Must be at curb or roadside
No more than 5 ft from truck

E

Recycling Tri-Fold Brochure with Calendar

Postcards & Brochures

Form # 140p



ADDRESS
CITY, STATE, ZIPCODE
PHONE (000) 000-0000

Form # Collection PC

New Trash Collection Pick-Up Schedule

To provide you with the best possible service we are changing your service days. This will allow us to service you more consistently, effectively and with safety as the top priority.

Your trash collection pick-up day will be every **THURSDAY** and heavy trash pick-up day will be the **2ND THURSDAY** of every month. These changes will begin on **OCTOBER 11, 2012**.



2024 EVERY-OTHER-WEEK COLLECTION CALENDAR

• Please Follow The **BLUE** Weeks For:

- ☐ Garbage
☐ Recycling

• Please Follow The **WHITE** Weeks For:

- ☐ Garbage
☐ Recycling

JANUARY 2024	FEBRUARY 2024	MARCH 2024	APRIL 2024
S M T W Th F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	S M T W Th F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29	S M T W Th F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	S M T W Th F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30
MAY 2024	JUNE 2024	JULY 2024	AUGUST 2024
S M T W Th F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	S M T W Th F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	S M T W Th F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	S M T W Th F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
SEPTEMBER 2024	OCTOBER 2024	NOVEMBER 2024	DECEMBER 2024
S M T W Th F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	S M T W Th F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	S M T W Th F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30	S M T W Th F S 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

Form 140p-2018



ADDRESS
CITY, STATE, ZIPCODE
PHONE (000) 000-0000



F

2-Sided Collection Calendar Postcard

H

2-Sided Collection Schedule Postcard

Annual Reports

Form # 400FS2

ANNUAL VEHICLE INSPECTION REPORT

		VEHICLE HISTORY RECORD	
		INSPECTOR'S NAME (PRINT OR TYPE)	FLEET UNIT NUMBER
MOTOR CARRIER OPERATOR		THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 306.19: <input type="checkbox"/> YES	
ADDRESS		VEHICLE IDENTIFICATION (IF AND COMPLETE) <input type="checkbox"/> LIC. PLATE NO. <input type="checkbox"/> VIN <input type="checkbox"/> OTHER	
CITY, STATE, ZIP CODE		INSPECTION AGENCY/LOCATION (OPTIONAL)	
VEHICLE TYPE <input type="checkbox"/> TRACTOR <input type="checkbox"/> TRAILER <input type="checkbox"/> TRUCK <input type="checkbox"/> BUS <input type="checkbox"/> (OTHER)			

VEHICLE COMPONENTS INSPECTED			
OK	NEEDS REPAIR	ITEM	OK
<input type="checkbox"/>	<input type="checkbox"/>	1. BRAKE SYSTEM	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	a. Service Brakes	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	b. Parking Brake System	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	c. Brake Drums or Rotors	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	d. Brake Hose	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	e. Brake Tubing	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	f. Low Pressure Warning Device	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	g. Tractor Protection Valve	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	h. Air Compressor	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	i. Electric Brakes	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	j. Hydraulic Brakes	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	k. Vacuum Systems	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	l. Antilock Brake System	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	m. Automatic Brake Adjusters	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	2. COUPLING DEVICES	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	a. Fifth Wheels	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	b. Pintle Hooks	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	c. Drawbar/Towbar Eye	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	d. Drawbar/Towbar Tongue	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	e. Safety Devices	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	f. Saddle-Mounts	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	3. EXHAUST SYSTEM	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	a. No leaks forward of directly below the driver/sleeper compartment.	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	b. Bus: No leaking/discharging in violation of standard.	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	c. Unlikely to burn, char, or damage the electrical wiring, fuel supply, or any combustible part of vehicle.	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	4. FUEL SYSTEM	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	a. No visible leak.	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	b. Fuel Tank Filler Cap	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	c. Fuel tank securely attached.	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	5. LIGHTING DEVICES	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	All required lights/reflectors operate.	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	6. SAFE LOADING	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	a. Vehicle parts, load, dunnage, spare tire, etc., secured.	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	b. Front End Structure	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	c. Intermodal Container Securement Devices	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	7. STEERING MECHANISM	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	a. Steering Wheel Free Play	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	b. Steering Column	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	c. Front Axle Beam/All Other Steering Components	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	d. Steering Gear Box	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	e. Pitman Arm	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	f. Power Steering	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	g. Ball and Socket Joints	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	h. Tie Rods and Drag Links	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	i. Nuts	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	j. Steering System	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	8. SUSPENSION	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	a. Axle Positioning Parts	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	b. Spring Assembly	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	c. Torque, Radius or Tracking Components	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	9. FRAME	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	a. Frame Members	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	b. Tire and Wheel Clearance	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	c. Adjustable Axle Assemblies (Sliding Subframes)	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	10. TIRES	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	a. Steer-Axle Tires	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	b. All Other Tires	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	c. Speed-Restricted Tires	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	11. WHEELS AND RIMS	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	a. Lock or Side Ring	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	b. Wheels and Rims	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	c. Fasteners	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	d. Weids	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	12. WINDSHIELD GLAZING	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	No cracks, discoloration, obstructions, etc. (see 393.60 for exceptions).	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	13. WINDSHIELD WIPERS	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	No missing, damaged, or inoperable wipers.	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	14. MOTORCOACH SEATS	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	Seats securely fastened to the vehicle structure.	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	15. REAR IMPACT GUARD	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	In place, securely attached, proper size, proper placement (see 393.86).	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	16. OTHER	

A

Annual Vehicle Inspection Report

Form # 400FS3

ANNUAL PERIODIC VEHICLE INSPECTION REPORT

Name and Address of Inspecting Company or Agency				
Registered Owner's Name	Date	Time		
Street	Certified Inspector's Name (Print or Type)			
City, State, Zip Code	The technician meets and exceeds all requirements of 49 CFR §396.19 and compatible state regulations and can perform the inspection according to the appendix A criteria and that the technician has the necessary tools, and is skilled in completion of the annual inspection, as listed in 49 CFR §396.19.			
Motor Carrier Operating Vehicle (If different from Owner)				
City, State, Zip Code				
License Plate Number/State	Vehicle Identification Number	Vehicle Make	Vehicle Model	Model Year

Vehicle Components Inspected

Instructions: Mark columns as follows: **X** = OK; **O** = Needs repair; **NA** = Does not apply; fill in **Repair Date** as appropriate.

OK	Needs Repair	Repair Date	Item
			1. BRAKE SYSTEM
			Service Brakes
			Parking Brake System
			Brake Drums or Rotors
			Brake Hoses
			Low Pressure Warning Device
			Tractor Protection Valve
			Air Compressor
			Electric Brakes
			Hydraulic Brakes
			Vacuum Systems
			AntiLock Brake
			Automatic Brake Adjustment
			2. COUPLING DEVICES
			Fifth Wheels
			Pintle Hooks
			Drawbar/Towbar Eye
			Drawbar/Towbar Tongue
			Safety Devices
			Saddle-Mounts
			3. EXHAUST SYSTEM
			Any exhaust system determined to be leaking at a point forward of or directly below the driver/passenger compartment.
			A bus exhaust system leaking or discharging to the atmosphere in violation of standards (1), (2), or (3).
			No part of the exhaust system of any motor vehicle shall be so located as would be likely to result in burning, charring, or damaging the electrical wiring, the fuel supply or any combustible part of the motor vehicle.
			4. FUEL SYSTEM
			Visible leak
			Fuel tank filler cap missing
			Fuel tank securely attached
			5. LIGHTING DEVICES
			All lighting devices and reflectors required by Section 392.3 shall be operable.
			6. SAFE LOADING
			a. Partly of vehicle or condition of loading such that the space for or any part of the load or damage can fall onto the roadway.
			b. Protection against shifting cargo.
			c. Container Securement Devices on Intermodal Equipment
			7. STEERING MECHANISM
			Steering Wheel Free Play
			Steering Column
			Front axle beam and ALL steering components other than steering column
			Steering Gear Box
			Pitman Arm
			Power Steering
			Ball and Socket Joints
			The Rods and Drag Links
			Nuts
			Steering System
			8. SUSPENSION
			Any (Jockey, spring hanger(s), or other axle positioning part(s)) cracked, broken, loose or missing resulting in shifting of an axle from its normal position.
			Spring Assembly
			Torque, Radius, or Tracking Components
			9. FRAME
			Frame Members
			Tire and Wheel Clearance
			Adjustable Axle Assemblies (Sliding Subframes)
			10. TIRES
			Tire or any steering side of a power unit.
			At other times.
			11. WHEELS AND RIMS
			Lock or Side Ring
			Wheels and Rims
			Fasteners
			Welds
			12. WINDSHIELD GLAZING
			Requirements and exceptions as stated per any crack, discoloration or vision reducing matter (reference 392.65 for exceptions).
			13. WINDSHIELD IMPERS
			Any power and that has an impervious wiper, or missing or damaged parts that render it ineffective. List any other condition which may prevent safe operation of this vehicle.
			14. MOTORCOACH SEATS
			Any passenger seated that is not securely fastened to the vehicle structure.
			15. REAR APPOINT GUARD
			Tables and seatbelts with a GVWR of 4,536 kg (10,000 lbs) or more, manufactured on or after January 28, 1998 (see exceptions in 393.106(a)(1)).
			Commercial motor vehicles manufactured after December 31, 1992.

I CERTIFY THE ANNUAL VEHICLE INSPECTION HAS BEEN DONE ACCURATELY AND COMPLETELY. I FURTHER CERTIFY THAT THIS INSPECTION COMPLIES WITH THE REQUIREMENTS OF 49 CFR §396.21.

This information must be available on board the vehicle, either as a copy of this report, or on a decal that complied with 49 CFR §396.17(c)(2). This report must be kept a minimum of fourteen months from the date of completion.

Certified Inspector's Signature: _____

Date: _____

dorc@northstarturns.com (877) 499-0492

Form 400FS-5205

B

Annual Periodic Vehicle Inspection Report

To order, call: **877-499-0492**

northstarforms.com

Annual Reports

Form # 1279

TO WRITE ON THIS LABEL USE AN INDELIBLE, PERMANENT INK MARKER, PEN OR PENCIL THAT WILL NOT FADE IN DIRECT SUNLIGHT

ANNUAL VEHICLE INSPECTION LABEL NO.

COMPLETED: MONTH _____ YEAR _____

A RECORD OF THIS VEHICLE'S ANNUAL VEHICLE INSPECTION REPORT IS MAINTAINED AT: ☐ MOTOR CARRIER ☐ OTHER ENTITY

COMPANY NAME

STREET

CITY, STATE, ZIP CODE

TELEPHONE

MOTOR CARRIER IDENTIFICATION NUMBER

CERTIFICATION: THIS VEHICLE HAS PASSED AN INSPECTION IN ACCORDANCE WITH 49CFR 396.17 THROUGH 396.23.

VEHICLE IDENTIFICATION: IF THE VEHICLE IS NOT READILY, CLEARLY, AND PERMANENTLY MARKED, CHECK ONE AND COMPLETE.

☐ FLEET UNIT NUMBER ☐ LICENSE / REGISTRATION NUMBER

☐ VEHICLE IDENTIFICATION NUMBER ☐ OTHER _____

1279 (Rev. 8/17)

C

Annual Vehicle Inspection Label

Form # 1340

ANNUAL VEHICLE INSPECTION LABEL NO. _____

A RECORD OF THIS VEHICLE'S ANNUAL VEHICLE REPORT IS MAINTAINED AT: ☐ MOTOR CARRIER ☐ OTHER ENTITY

COMPANY NAME

STREET

CITY, STATE, ZIP CODE

TELEPHONE

MOTOR CARRIER IDENTIFICATION NUMBER

MONTH:

JAN	FEB
MAR	APR
MAY	JUNE
JULY	AUG
SEPT	OCT
NOV	DEC

YEAR:

FLEET UNIT

VEHICLE ID

LICENSE/REGISTRATION

NUMBER

CERTIFICATION: THIS VEHICLE HAS PASSED AN INSPECTION IN ACCORDANCE WITH 49CFR 396.17 THROUGH 396.23.

2023

2024

2025

1340 (Rev. 8/22)

D

Annual Vehicle Inspection Label

Annual Reports

Form # 3136

RECORD OF ANNUAL INSPECTION
(49 CFR 396.17-23)
Prepare Separate Report for Each Vehicle Inspected

DATE: **00000000**

COMPANY NAME: _____ VEHICLE TYPE: ☐ TRUCK ☐ TRACTOR ☐ TRAILER ☐ CONVERTER ☐ DOLLY

STREET ADDRESS: _____ VEHICLE MAKE: _____ MODEL: _____ YEAR: _____

CITY: _____ STATE: _____ ZIP: _____ VEHICLE IDENTIFICATION (Company No., State Tag No. or VIN): _____

INSPECTOR'S NAME (Please Print): _____ EMPLOYEE NO.: _____

REPORT OF CONDITION (For Detailed Information on Inspection Procedures see FMCSR Part 396, Appendix A)

BRKES	OK	REPAIR	EXHAUST	OK	REPAIR	STEERING	OK	REPAIR	FRAME	OK	REPAIR
Adjustment			Leaks			Adjustment			Members		
Mechan. Compon.			Placement			Column/Gear			Clearance		
Drum/Rotor			LIGHTING			Aids			Rear Impact Guard		
Hose/Tubing			Headlights			Linkage			TIRES		
Lining			Tail Light			Power Steering			Tread		
Antilock System			Identification/Marker			Other			Inflation		
Automatic Adjuster			Reflectors			FUEL SYSTEM			Damage		
Low Air Warning			Other			Tank(s)/Cap(s)			Speed Restrictions		
Trailer Air Supply			CAB/BODY			Lines			Other		
Compressor			Amidst			SUSPENSION			WHEELS/RIM		
Parking Brakes			Eggs/Used Securs			Adjustments			Fasteners		
Other			Tie-Downs			Sliders			Disc/Spokes		
COUPLERS			Headboard			MIRRORS			WINDSHIELD		
Fifth Wheel & Mount			Motorcoach Seats			Glass			Wipers		
Pin/Upper Plate			Other								
Pintle-Hook/Eye											
Safety Chain(s)											

REMARKS: _____

Certification: This vehicle has passed all the inspection items for the annual vehicle inspection in accordance with 49 CFR Part 396.

QUALIFIED INSPECTOR'S SIGNATURE: _____ DATE: _____

APPLY LABEL TO A CLEAN, DRY SURFACE. USE WITH AN OVERLAMINATE (2452) TO IMPROVE DURABILITY UNDER NORMAL WEATHER CONDITIONS.

AN INDELEIBLE INK MARKER IS RECOMMENDED FOR USE WHEN FILLING OUT THE LABEL. INDELEIBLE INK IS PERMANENT AND WILL NOT WASH OFF, BUT MAY FADE DUE TO EXPOSURE TO ULTRAVIOLET LIGHT OVER TIME. CAREFUL DISCRETION IS ADVISED REGARDING APPLICATION OF LABEL TO AN AREA NOT EXPOSED TO EXCESSIVE ULTRAVIOLET LIGHT AND/OR ELEMENTS AND IT IS RECOMMENDED THAT THE READABILITY OF THE LABEL BE CHECKED PERIODICALLY.

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3136 (Rev. 11/21)

E Record of Annual Inspection

Form # 15048

ANNUAL VEHICLE INSPECTION REPORT

VEHICLE HISTORY RECORD

DATE: _____ FLEET UNIT NUMBER: _____

DATE: _____

INSPECTOR'S NAME (PRINT OR TYPE): _____

ADDRESS: _____ THE INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 396.17 (a) YES (b) NO

VEHICLE TYPE: ☐ TRACTOR ☐ TRAILER ☐ TRUCK ☐ BUS

VEHICLE MAKE: _____ MODEL: _____ YEAR: _____

VEHICLE IDENTIFICATION (Company No., State Tag No. or VIN): _____

INSPECTION IDENTIFICATION (OPTIONAL): _____

VEHICLE COMPONENTS INSPECTED

DATE	ITEM	OK	REPAIR	DATE	ITEM	OK	REPAIR
	1. BRAKE SYSTEM				6. SAFE LOADING		
	a. Service Brakes				a. Vehicle parts, load, securement, etc. (see 393.85 for exceptions)		
	b. Parking Brake System				b. Front End Structure		
	c. Brake Drums or Rotors				c. Intermediate Structure		
	d. Brake Hoses				d. Intermediate Structure		
	e. Brake Taping				e. Intermediate Structure		
	f. Low Pressure Warning Device				f. Intermediate Structure		
	2. STEERING				7. STEERING		
	a. Tractor Protection Valve				a. Steering Wheel and Play		
	b. Air Compressor				b. Steering Column		
	c. Electric Brakes				c. From Lube Sec-AB		
	d. Hydraulic Brakes				d. Other Steering Components		
	e. Vacuum Systems				e. Steering Gear Box		
	f. Antilock Brake System				f. Airline Air		
	g. Automatic Brake Retarders				g. Power Steering		
	3. COUPLERS				h. Steering System		
	a. Fifth Wheel				i. Tie Rods and Dots		
	b. Pilot Hooks				j. Nuts		
	c. Disc/Torque Link				k. Steering System		
	d. Coupler/Torque Link				8. COUPLERS		
	e. Safety Devices				a. Airline Positioning		
	f. Locking Mechanism				b. Spring Assembly		
	4. LOCKS				c. Torque, Release & Components		
	a. No legal forward of vehicle to leave the driver's compartment				9. FUEL		
	b. No fuel leakage				a. Fuel Tank		
	c. Fuel tank not leaking				b. Fuel Tank Mount		
	d. Fuel tank not leaking				c. Fuel Tank Assembly		
	e. Fuel tank not leaking				d. Fuel Tank Assembly		
	f. Fuel tank not leaking				e. Fuel Tank Assembly		
	5. WHEELS AND RIMS				f. Fuel Tank Assembly		
	a. No visible leak				10. OTHER		
	b. Fuel Tank Filler Cap				a. Steel Axle Tree		
	c. Fuel tank securely attached				b. All Other Tree		
	6. FASTENERS				c. Speed Restrictor		
	a. All required light bulbs				11. WHEELS AND RIMS		
	b. All required light bulbs				a. Lock or Side Ring		
	c. All required light bulbs				b. Wheel and Rim		
	d. All required light bulbs				c. Fasteners		
	e. All required light bulbs				d. Fasteners		
	f. All required light bulbs				e. Fasteners		
	g. All required light bulbs				f. Fasteners		
	h. All required light bulbs				g. Fasteners		
	i. All required light bulbs				h. Fasteners		
	j. All required light bulbs				i. Fasteners		
	k. All required light bulbs				j. Fasteners		
	l. All required light bulbs				k. Fasteners		
	m. All required light bulbs				l. Fasteners		
	n. All required light bulbs				m. Fasteners		
	o. All required light bulbs				n. Fasteners		
	p. All required light bulbs				o. Fasteners		
	q. All required light bulbs				p. Fasteners		
	r. All required light bulbs				q. Fasteners		
	s. All required light bulbs				r. Fasteners		
	t. All required light bulbs				s. Fasteners		
	u. All required light bulbs				t. Fasteners		
	v. All required light bulbs				u. Fasteners		
	w. All required light bulbs				v. Fasteners		
	x. All required light bulbs				w. Fasteners		
	y. All required light bulbs				x. Fasteners		
	z. All required light bulbs				y. Fasteners		

CERTIFICATION: THIS VEHICLE HAS PASSED ALL THE INSPECTION ITEMS IN ACCORDANCE WITH 49 CFR PART 396.

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ORIGINAL

(Rev. 10/21)

F Annual Vehicle Inspection Report and Label

Multi-Lingual Forms

Form # 116


Your Logo Here

SERVICIO DE LA COLECCION DE LA BASURA

Les da la bienvenida al uso de carros de rueda para su servicio de coleccion de basura.

INFORMACION PARA SU DIA DE COLECCION

- Basura instrucciones de compra de colocación:
El frente del carrito debe estar Frente a la calle




El carrito de basura debe de estar 5 pies de la calle

- Ruede el carro hacia fuera al camino o el callejon alas 6 a.m. el día del servicio.
- Llene el carro primero, debe ser llenado totalmente antes de que otros envases sean tomados.
- Los Botes adicionales no deben pesar mas de 65 libras. Y poner junto de su carro.
- Ponga por favor su carro afuera solamente del día de coleccion.
- No ponga materiales toxicos o inflamables en el carro.
- su carro esta para la basura normal de la casa y de la yarda.
- No estacione los coches delante del carro el día del servicio.

Company Contact Information

A Cart Placement (Spanish)

Form # 124


Your Logo Here

LEAD FORM
FORMULARIO DE
CLIENTE POTENCIAL

*Date/Fecha: _____

*Reason For Lead/Razón para ser cliente potencial:

<input type="checkbox"/> New Customer/Competitor Nuevo Cliente/Competido	<input type="checkbox"/> Construction Project Proyecto de Construcción
<input type="checkbox"/> Vacant Building Construcción Vacante	<input type="checkbox"/> Increase in Service Mayoría on un servicio

*Employee Name/Nombre del Conductor: _____

*Employee ID/Identificación del Conductor: _____

*Company Name/Nombre de la Empresa: _____

*Address/Dirección: _____

*City, State, Zip/Cuidad, Estado, Código Postal: _____

*Phone Number/Número de Teléfono: _____

Business Type:

<input type="checkbox"/> Light	<input type="checkbox"/> Industrial	<input type="checkbox"/> Office	<input type="checkbox"/> Retail	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Apartments	<input type="checkbox"/> Other
--------------------------------	-------------------------------------	---------------------------------	---------------------------------	-------------------------------------	-------------------------------------	--------------------------------

Business Type:

<input type="checkbox"/> Front Load	<input type="checkbox"/> Rear Load	<input type="checkbox"/> Recycle	<input type="checkbox"/> Roll Off	<input type="checkbox"/> Compactor	<input type="checkbox"/> Toter
-------------------------------------	------------------------------------	----------------------------------	-----------------------------------	------------------------------------	--------------------------------

Competitor Name: _____

of Containers: _____ Size of Containers: _____


Service Time (Ex., 5min, 6min, 10min): _____

Closest Account: _____ Account Number: _____

Comments/Comentarios: _____

B Lead Form (Spanish)

Form # 149


Your Logo Here

Please Contac Solid Waste Division
Por favor pongase en contacto con la ciudad de de Desperdicio Solido

Address (Domicilio): _____
Driver (Conductor): _____ Date (Fecha): _____

Your Organic container was found to be contaminated with the following item(s):
Su bote de desperdicios organicos fue encontrado contaminado con los siguiente articulos:

<input type="checkbox"/> Garbage or recyclables- Basura o reciclaje
<input type="checkbox"/> Dirt, rock, or concrete- Tierra, piedras o concreto
<input type="checkbox"/> Other- Otras Cosas

• Failure to comply with program can result in the removal of your can and a \$100.00 Administrative Citation.
• Mulla de \$100 sera servido y suspensión del bote de desperdicios organicos si no conforma con las reglas del programa de abono.

Place only the following items in your Organic Recycling Container
Ponga solamente estos articulos en su bote de desperdicios organicos

Yard Waste-Desperdicio de Yarda

- Grass, leaves, brush-Pasto, hojas, ramas
- Plant clippings- Cortes de planta
- Tree limbs less than 4 feet long and/or 6 inches in diameter-Rama de arbol menos de 4 pies y 6 pulgadas de ancho

Food Waste-Desperdicio de Comida

- Table Scraps-Sobras de comida
- Vegetables, fruits and pits- Vegetales/Fruta
- Meat, bones and fish-Carne, huesos y pescado
- Egg shells, Cascaras de huevo

Paper Waste-Desperdicio de papel

- Junk mail, newspaper, magazines & phone books-Correo, periodicos, revistas, y guia de telefono
- Cardboard/Chipboard boxes-Cajas de carton
- Napkins, paper towels, paper plates-Servilletas, platos y toallas de papel (no styrofoam, or plastic plates-no tipo de plasticos o platos desechables)


PLEASE NO: household garbage or recyclables, plastic bags, glass, metal, plastics of any kind, concrete, asphalt, liquids, foil diapers, kitty litter, animal feces, scrap, lumber, wood products, dirt or rocks.
POR FAVOR NO: basura de plástico, vidrio, metal, plasticos de cualquier clase, cemento, asfalto, líquidos, aluminio, paneles, arena para gate, excremento de animales, madera, tierra o piedras.

sales@northstarforms.com Form #149

C Organic Waste Notice (English/Spanish)

Multi-Lingual Forms

Form # 260

 Your Logo Here

Driver's Daily Inspection Sheet/Informe Sobre La Condicion Del Vehiculo

Truck # / Camion #: _____ Date / Fecha: _____
 Mileage Start / Millas Al Comenzar: _____ Mileage End / Millas Al Terminar: _____

● Pay careful attention to marked items. ● Preste la atencion a los puntos marcados

	OK	Defect		OK	Defect
1 Tires / Llantas			22 Damage / Daños		
2 Wheelcaps & Nuts / Ruedas/Pernos Y Tuercas			23 Frame Crack (Other) / Quebraduras de Chasis		
3 Steering Gear Oil / Playaja De Direccion			24 Defroster / Descongelador		
4 Springs / Muelles			25 Heater / Calentador		
5 Wheel Seals / Sellos de Llantas			26 Oil Pressure / Presion Del Aceite		
6 Brakes (Front) / Frenos (de adelante)			27 Speedometer / Gauge / Velocimetro / Indicadores		
7 Brakes (Rear) / Frenos (de atras)			28 Horn, Seatbelt / Bocina, Cinturon de Seguridad		
8 Drain Air Tank / Vaciar El Tanque De Aire			29 Rear View Mirror / Espejo De Retrovision		
9 Air Lines (Hoses) / Líneas De Aire (Mangueras)			30 Windshield Wiper / Limpador De Parabrisas		
10 Pinhead & Locking Device Control/Verificar seguridad de la tuerca			31 Clean Out Cab / Limpiar La Cabina		
11 License Plates / Registration / Placas y registration			32 Check Glass / Revisar Vidrio		
12 Wheel Chocks / Tapa de Llanta			33 Check All Lights / Revisar Todas Las Luces		
13 Battery / Baterias			34 Signals (Directional) / Señales (Direccionales)		
14 Alternator / Alternador			35 Back Up Alarm / Alarma De Retroceso		
15 Starter / Motor De Arranque			36 Fire Extinguisher / Extintor De Incendios		
16 Drive Line / Flecha Cardan			37 Reflectors / Reflectores		
17 Engine Belts / Bandas Del Motor			38 Mud Flaps / Pólvoras		
18 Check Lines/Sensor In Stop / Checar por freno en el Estop			39 PTO System/Freno De Freno		
19 Fuel Leaks (All) / Agujeros de Combustible (Todos)			40 Water Container on Board/Contenedor de Agua		
20 Hoses (All) / Mangueras (Todas)			41 Check Cameras/Revisar Cámaras		
21 Radiator Water / Agua Del Radiador					

Air Brake Test (Before Starting Trip) / Prueba De Frenos De Aire (Antes De Iniciar El Recorrido)

Max Air Pressure 125 PSI. Warning Device: _____ OK? _____
 Enter Reading _____ PSI. On @ _____ PSI. Off @ _____ PSI. Depress Pedal (1 min.) _____ LBS
 Precision Maxima de Aire 125 PSI. Indicator de Aire: _____ OK? _____
 Apunte la Lectura _____ PSI. Presionado @ _____ PSI. Apretado @ _____ PSI. Apretar el Escape de Aire _____ LBS

Note Repair Or Service Needed / A notar La Reparacion O Servicio Necesario: _____

Trailer Inspection Report/Informe Sobre La Condicion del tráiler

Trailer # / Tráiler #: _____

	OK	Defect		OK	Defect
1 Tires / Llantas			13 Trailer Sides & Supports / Soporte de los lados de la		
2 Wheelcaps & Nuts / Ruedas/Pernos Y Tuercas			14 Trailer		
3 Springs / Muelles			15 Tarp Condition / Condicion de la lona		
4 Brakes / Wheel Seals / Frenos y sellos de Llantas			16 Tarp Strap & Ratchet Bar / Flecha y rodillo de la tarpa		
5 Suspension / Suspencion			17 Tarp Strap & Ratchet / Correa y trinquete de la tarpa		
6 Air Line & Hose Condition / Línea de aire y condicion de mangueras			18 Rear Door Condition / Condicion de la puerta trasera		
7 Air Tanks & Brackets / Tanques de aire y soporte			19 All Lights & Reflectors / Luces y Reflectores		
8 Air Leaks / Fugas de aire			20 Walking Floor Slats / Canales del piso movi		
9 Landing Gear Condition & Operation / Condicion y operacion de los patines			21 Walking Floor Operation / Operacion del sistema		
10 Trailer Frame Cracks / Quebradura del chasis de la tralla			22 Hydraulic Hoses / Mangueras del hidraulico		
11 Trailer Frame Cross members / Soportes cruzados de la tralla			23 Mud Flaps / Pólvoras		
12 Trailer Top Center Support / Soporte del medio de la tralla			24 License Plates / Registration / Placas y registration		
			25 King Pin / Perno Rey		

INBOUND

LEFT SIDE	RIGHT SIDE	DESCRIPTION	GOOD	DEFECT


OUTBOUND

LEFT SIDE	RIGHT SIDE	DESCRIPTION	GOOD	DEFECT


Note Repair / Repairs Completed or Pending / Nota Reparacion / Reparaciones Completadas o Pendientes: _____

Mechanic's Signature / Firma Del Mecanico: _____ Date / Fecha: _____
 Driver's Signature / Firma Del Conductor: _____
 White

Form # 261

 Your Logo Here

Ticket Review – Required with each Ticket
Pre- Post- Trip– 5 Minute Brake Inspection Certification Form

 Your Logo Here

5 Minute Pre-Trip Brake Inspection

ENGINE RUNNING

Step 1: Air Build Time Check
 85-100 < 45 Seconds

Step 2: Air Compressor Cut Out Check
 120-130 psi

Step 3: Air Compressor Cut In Check >100 PSI

ENGINE OFF (KEY ON)

Step 4: With parking brake applied,
 Air Leakage Check
 No Movement of Needle
 No Audible Leakage


Step 5: With parking brake released,
 Air Leakage Check
 No Movement of Needle
 No Audible Leakage
 Apply firm brake pressure,
 Check for Air Leak

Step 6: Low Air Warning Check
 Below 60 PSI not allowed

Step 7: Parking Brake Pop Check 20-40 PSI

ENGINE RUNNING

Step 8: Recharge Air System >100 PSI
 Step 9: Parking Brake Tug Test 800-100 RPM
 Step 10: Service Brake Dynamic Test <5 MPH

 Your Logo Here

Inspección De Frenos en 5 Minutos Previa al Viaje

CON EL MOTOR EN MARCHA

Paso 1: Verificación del tiempo de acumulación de aire 85-100 en <45 segundos

Paso 2: Verificación de corte del compresor de aire 120-130 PSI

Paso 3: Verificación de conexión del compresor de aire >100 PSI

CON EL MOTOR APAGADO (La Llave Puesta)

Paso 4: Aplicar freno de mano
 Verificación de perdida de aire estatica
 No Hay movimiento de la aguja
 No Hay fugas audibles

Paso 5: Soltar freno de mano
 Verificación de perdida de aire dinámica
 No Hay movimiento de la aguja
 No Hay fugas audibles
 Aplicar freno y revisar fuga dinámica

Paso 6: Verificación de advertencia de baja presión de aire menos de 60 PSI no permitido

Paso 7: Verificación de salto del freno de mano 20-40 PSI

CON EL MOTOR EN MARCHA

Paso 8: Recargar el sistema de aire >100 PSI

Paso 9: Prueba de eficiencia del freno de mano 800-1000 RPM

Paso 10: Prueba dinámica del freno de servicio <5 MPH

D

Driver's Daily Inspection Sheet
 (English/Spanish)

E

Pre- Post- Trip Form
 (English/Spanish)

Multi-Lingual Forms

Form # 360S

Your Logo Here		INFORME DIARIO DEL CHOFER Y INFORME DE LA CONDICIÓN DEL VEHÍCULO (DOT 396.11-396.13)		V.															
		FECHA																	
NÚMERO DEL DISTRITO:	NÚMERO DEL VEHÍCULO:	HORAS: Final	HORAS: Final																
NOMBRE DEL CHOFER- ESCRIBALO EN LETRAS MAYÚSCULAS		Comenzó	Terminó																
		TOTAL	TOTAL																
INSPECCIÓN ANTES DEL VIAJE-DOT 396.13 (A)		INSPECCIÓN DESPUÉS DEL VIAJE-DOT 396.13 (A)		PARA LA UTILIZACIÓN DEL DISTRITO LOCAL															
<input type="checkbox"/> Funcionamiento de alarma <input type="checkbox"/> Alarma FEL <input type="checkbox"/> Picos <input type="checkbox"/> Alarma ASL <input type="checkbox"/> Puntos <input type="checkbox"/> Alarma de equipo montado <input type="checkbox"/> Alarma de Botatón <input type="checkbox"/> Alarma de reversa <input type="checkbox"/> Alarma de presión de aire abajo		<input type="checkbox"/> Funcionamiento de alarma <input type="checkbox"/> Alarma FEL <input type="checkbox"/> Picos <input type="checkbox"/> Alarma ASL <input type="checkbox"/> Puntos <input type="checkbox"/> Alarma de equipo montado <input type="checkbox"/> Alarma de Botatón <input type="checkbox"/> Alarma de reversa <input type="checkbox"/> Alarma de presión de aire abajo		<input type="checkbox"/> Diesel Combustible <input type="checkbox"/> Gasolina Galones/Litros <input type="checkbox"/> Tanque de DEF lleno															
Llantas, ruedas, rines Aceite de transmisión automática Aceite de motor, carburante, refrigerante Frenos y todas conexiones Freno de emergencia Mecanismo de manejo Claxon Instrumentos y indicadores Luces y reflectores Equipo de emergencia Limpiaparabrisas Espejos de vista atrás Ensamblaje / Equipo de Patentes y matriculación Daño del vehículo Alarma de la grua ROL operacional Alarma de brazos arriba FEL operacional Alarma de marcha atrás operacional Yo he hecho la inspección de arriba y he encontrado cada artículo en orden o he notado los defectos abajo.		Llantas, ruedas, rines Fluído de transmisión automática Aceite de motor, combustible, refrigerante Frenos y todas conexiones Freno de emergencia Mecanismo de manejo Claxon Instrumentos y indicadores Luces y reflectores Equipo de emergencia Limpiaparabrisas Espejos de vista atrás Ensamblaje / Equipo de Patentes y matriculación Daño del vehículo Vaciar tanques de aire Alarma de la grua ROL operacional Alarma de brazos arriba FEL operacional Alarma de marcha atrás operacional Yo he hecho la inspección de arriba y he encontrado cada artículo en orden o he notado los defectos abajo.		<input type="checkbox"/> AM <input type="checkbox"/> PM Líquido de dirección hidráulica Galones/Litros Anticongelante Galones/Litros Aceite hidráulico Galones/Litros Aceite del motor Galones/Litros Aceite de dirección hidráulica Galones/Litros Descripción de los defectos aquí: 															
Firma del chofer _____ Fecha _____	Firma del chofer _____ Fecha _____	<input type="checkbox"/> REPARACIONES NECESARIAS Y URGENTES CONDICIÓN DE LLANTAS <table border="1"> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																
INFORME DE LA CONDICIÓN DEL VEHÍCULO MARCA TODOS LOS DEFECTOS LLANTAS, RUEDAS, Y RINES Desinflado/Pinchado Baja presión de aire Llantas ilegales Tuercas no apretados Heriduras, cortes o daño Escape de grasa MOTOR Escape de anti congelente Escape de combustible Escape de aceite Fallas de tiro Recalentamientos Ruidos Humo Baja presión de aceite FRENOS Frenos regulares Frenos de emergencia Escape hidráulico/ de aire Jala a la izquierda/derecha Ajustar todos frenos DIRECCIÓN <input type="checkbox"/> Pico <input type="checkbox"/> Tirante Jala a la izquierda/derecha INSTRUMENTOS Y INDICADORES Alarma/indicador de presión de aire Medidor de ampres-indicador de voltaje Indicador de temperatura Indicador de presión de aceite Velocímetro		MARCA SI NO HAY DEFECTOS INSTRUMENTOS Y INDICADORES (CONTINUADO) EJE TRASERO <input type="checkbox"/> Ruidooso <input type="checkbox"/> Limpiaaparabrisas <input type="checkbox"/> Vecina LUCE <input type="checkbox"/> Luces delanteras <input type="checkbox"/> Luz de freno, luces traseras <input type="checkbox"/> Direcionales <input type="checkbox"/> Luces de marcar <input type="checkbox"/> Reflectores <input type="checkbox"/> Luces del tablero CABINA/CHASIS <input type="checkbox"/> Caja de batería/cubierta <input type="checkbox"/> Puertas <input type="checkbox"/> Cinturones de seguridad <input type="checkbox"/> Espejos y vidrios de la cabina <input type="checkbox"/> Calefacción/ descongelador <input type="checkbox"/> Reflectores triángulos <input type="checkbox"/> Extintidor <input type="checkbox"/> Ensamblaje / Equipo de <input type="checkbox"/> Cinturones de seguridad <input type="checkbox"/> Matricula <input type="checkbox"/> Botiquín de primeros auxilios <input type="checkbox"/> Funcionalidad de drivecam <input type="checkbox"/> Botiquín de derrame RESORTES <input type="checkbox"/> Que bradd <input type="checkbox"/> Dardos que no están apretados EMBAQUE <input type="checkbox"/> Ruidooso <input type="checkbox"/> Fiejo <input type="checkbox"/> Ajustar el clotche <input type="checkbox"/> Rollo del clotche																	
ELECTRICO <input type="checkbox"/> No se arranca <input type="checkbox"/> No se carga <input type="checkbox"/> No se apaga CUERPO <input type="checkbox"/> Escape hidraulicos <input type="checkbox"/> Lado izquierdo <input type="checkbox"/> Lado derecho <input type="checkbox"/> Placas <input type="checkbox"/> Arrente <input type="checkbox"/> Puerta arriba <input type="checkbox"/> Puerta trasera <input type="checkbox"/> No empuja correctamente <input type="checkbox"/> Pernos dañadas <input type="checkbox"/> Tarabilis <input type="checkbox"/> Centrices hidraulicas <input type="checkbox"/> Escapes de PTO <input type="checkbox"/> Formilos de chasis <input type="checkbox"/> Cable de levantar <input type="checkbox"/> Hendiduras/daño del chassis		Funcionamiento de alarma <input type="checkbox"/> Alarma FEL <input type="checkbox"/> Picos <input type="checkbox"/> Alarma ASL <input type="checkbox"/> Puntos <input type="checkbox"/> Alarma de equipo montado <input type="checkbox"/> Alarma de Botatón <input type="checkbox"/> Alarma de reversa <input type="checkbox"/> Alarma de presión de aire abajo <input type="checkbox"/> Cilindro <input type="checkbox"/> Linea <input type="checkbox"/> Válvula <input type="checkbox"/> Cilindro <input type="checkbox"/> Linea <input type="checkbox"/> Válvula <input type="checkbox"/> Cilindro <input type="checkbox"/> Linea <input type="checkbox"/> Válvula <input type="checkbox"/> Cilindro <input type="checkbox"/> Linea <input type="checkbox"/> Válvula <input type="checkbox"/> Cilindro <input type="checkbox"/> Linea <input type="checkbox"/> Válvula <input type="checkbox"/> Cilindro <input type="checkbox"/> Linea <input type="checkbox"/> Válvula Cadenas dañadas <input type="checkbox"/> Interruptores micro <input type="checkbox"/> Brazos de control <input type="checkbox"/> Sello de la puerta trasera <input type="checkbox"/> Bomba rudoso <input type="checkbox"/> PTO rudoso <input type="checkbox"/> Nivel hidraulicos <input type="checkbox"/> Sello de puerta trasera																	

Acción correcta reparaciones para DOT 396.11 (1)
 Yo certifico que: ☐ Los artículos notados ni afectan la seguridad de la operación de este vehículo.
☐ Reparaciones de los defectos notados son alto cuidados.

Firma del mecanico _____ Fecha: ____/____/____
 Número del orden de la reparación _____ Fecha: ____/____/____
 Y he revisado la condición de este vehículo
 Informe para DOT 396.13 (b) & (c)-Firma del conductor _____ Fecha: ____/____/____
 Copia del archivo de mantenimiento Formulario I360S

Form # 365S

Inspección diaria de equipos pesados

Número de unidad _____ Fecha: _____ Modelo de equipo: _____

Medidor horario inicial: _____ Medidor horario final: _____

Galones de diesel agregado a # 1 _____ Galones de diesel agregado a # 2 _____

✓ = Verificado

A = Añadido

RN = Reparaciones necesarias

Inspección
Antes de operar

Inspección
Después de operar

REPARACIONES NECESARIAS

Grasa de máquina totalmente	_____	_____
Inspeccionar el nivel de aceite de motor frontal	_____ Gal.	_____ Gal.
Inspeccionar el nivel de aceite de motor trasero	_____ Gal.	_____ Gal.
Inspeccionar el nivel de aceite de transmisión	_____ Gal.	_____ Gal.
Inspeccionar el nivel de aceite hidráulico	_____ Gal.	_____ Gal.
Inspeccionar el nivel de aceite del radiador	_____ Gal.	_____ Gal.
Inspeccione el extintor de incendios	_____	_____
Inspeccione el sistema de supresión de incendios	_____	_____
Inspeccionar el funcionamiento de los frenos	_____	_____
Inspeccionar el funcionamiento de medidores / luces de aviso	_____	_____
Inspeccione la operación de copia de seguridad de alarma	_____	_____
Inspeccione Filtro de aire (indicador)	_____	_____
Inspeccione los cinturones de seguridad	_____	_____
Inspeccionar el funcionamiento de Hornos	_____	_____
Inspeccione Iluminación	_____	_____
Inspeccionar el funcionamiento limpiaparabrisas	_____	_____
Limpieza interior de la cabina	<u>NA</u>	_____
Limpieza de vidrio	<u>NA</u>	_____
Limpie los desechos de motor	<u>NA</u>	_____
Limpie los desechos de radiador	<u>NA</u>	_____
Inspeccione las pistas / ruedas	_____	_____
Inspeccione Belly Pan	_____	_____
Inspeccione por vidrios rotos	_____	_____

INSPECCION DE FUGAS

Antes de operar Después de operar

1. Motor	_____	_____
2. Sistema hidráulico	_____	_____
3. Cilindros	_____	_____
4. Mangueras	_____	_____
5. Radiador	_____	_____

Aceptar la máquina para operar (operador de la firma requerida) _____ Fecha: _____

Correas realiza la Operación Inspecciones y
apagar la batería de salida Switch (operador de la firma requerida) _____ Fecha: _____

Manager, Supervisor de Mantenimiento o cerrar la sesión: _____ Fecha: _____

North Star Forms LLC (877) 499-0492

365

F Daily Driver's Inspection & Vehicle Condition Report (Spanish)


G Inspection Form (Spanish)

To order, call: **877-499-0492**

northstarforms.com

Multi-Lingual Forms

Form # 365SR



HEAVY EQUIPMENT DAILY INSPECTION REPORT

NOMBRE DE OPERADOR (Imprimir en Letra Grande):

HORAS: FIN _____
COMENZIO _____

Fecha de
Reporte: _____

Numero de Unidad: _____

Numero De

Districto: _____

TOTAL _____

Modelo De
Equipo: _____

√ = Checked
A = Agregado
RN = Reparaciones Necesarias

Inspection
Antes-
Operation

Inspection
Despues-
Operation

Afuera de la Maquina

Engrasar Maquina Completamente			tubos/oz.
Inspeccion Nivel de Aceite del Motor			
Inspeccion Nivel de Aceite del Transmission			
Inspeccion Nivel de Aceite Hidraulico			
Inspeccion Nivel del Radiador			
Inspeccion Filtro de Aire (Indicador)			
Inspeccion los Pistas / Llantas			
Inspeccion la Quilla			
Inspeccion las Luces			
Inspeccion por Vidrios Quebrados			
Espejos			
Pasamanos / Escalera			

Inspeccion Adentro de la Cabina

Inspeccion el Cinturon de Seguridad			
Inspeccion Operacion de los Medidores / Luces de Advertencia			
Inspeccion las Limpiaparabrisas			
Inspeccionar la Operacion de Bocina			
Inspeccionar Extintor de Incendios			
Inspeccion la Operacion de Frenos			
Inspeccion la Operacion de AAlarma de Reversa			

Condicion de Cabina

Interior de la Cabina Limpia			
Vidrio Limpio			

Cantidad de Combustible Sumado

Diesel		Gal – AM
Diesel		Gal – PM

Cantidad de Lubricantes Sumado

Aciete de Motor		Gal/Ltrs
Aciete Hidraulico		Gal/Ltrs
Anti-Freeze		Gal/Ltrs
Transmission		Gal/Ltrs

LISTA – REPARACIONES NECESITADAS

DESCRIPCION DE DEFECTOS AQUI:

☐

REPARACIONES URGENTE DE SEGURIDA

DESCRIPCION DE DEFECTOS AQUI:

INSPECCION DE MAQUINAS POR FUGA	Inspection Previa A Operation	Inspection Despues De Operation
Aciete Motor - Fuga		
Aciete Hidraulico - Fuga		
Cilindros - Fuga		
Mangueras - Fuga		
Radiador - Fugas		

Previa A Operacion	Maquina OK para Operar (FIRMA DE OPERADOR REQUERIDO)	Fecha:
Despues De Operacion	Realizo Inspeccion Despues de Operar	Fecha:
MANAGER, SUPERVISOR OR MAINTENANCE SIGN-OFF		Fecha:

COPIA BLANCA: MANTENIMIENTO

COPIA ROSA: OPERACIONES

COPIA AMARILLA: DEJAR EN LIBRO

Form # D430ES

*** REMINDER ***

*** RECORDATORIO ***

YOUR NEW SERVICE DAY IS:
SU NUEVO DÍA DE SERVICIO ES:

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
LUNES	MARTES	MIÉRCOLES	JUEVES	VIERNES

Please call for assistance.
Si tiene alguna pregunta por favor llame al _____ por gratuita asistencia.

Service Day Notice (English/Spanish)

H

Heavy Equipment Daily Inspection Report (Spanish)

To order, call: **877-499-0492**

northstarforms.com

Multi-Lingual Forms

Form # Cont. Notice

CONTAMINATION NOTICE






NOTIFICACIÓN DE CONTAMINACIÓN

Account Address Dirección de la cuenta: _____

Date Fecha: _____

Your recycling container is determined to be contaminated with materials that are not accepted in the recycling program:

Se ha determinado que su contenedor de reciclaje está contaminado con materiales que no son aceptados en el programa de reciclaje:

- ☐  **Plastic Bags & Materials in Plastic Bags**
Bolsas de plástico y residuos en bolsas de plástico
- ☐  **Furniture & Carpet**
Muebles y alfombras
- ☐  **Foods or Liquids**
Alimentos o líquidos
- ☐  **Clothing & Textiles**
Ropa y textiles
- ☐  **Green or Yard Waste**
Basura orgánica o residuos de jardín
- ☐ **Other Otro:** _____

☐ **Your container was contaminated but collected. You may receive a contamination charge.**

Su contenedor estaba contaminado, pero fue recolectado. Es probable que reciba un cargo por contaminación.

☐ **Your container was substantially contaminated and had to be picked up by a trash truck. You may receive an additional charge as a result of handling the contamination.**

Su contenedor estaba sustancialmente contaminado y tuvo que ser recogido por un camión de residuos sólidos. Es probable que reciba un cargo adicional por el manejo de la contaminación.

If you have any additional questions about what can and can't be recycled, please visit:

Si tiene preguntas adicionales sobre lo que se puede o no reciclar, visite por favor

Contamination Policy

To avoid future notices and fees, make sure to sort your recyclables accordingly. Recycling containers are considered contaminated if they include solid waste (trash), organic/yard waste materials, or other non-recyclable materials.

Política de contaminación

Para evitar futuras notificaciones y cargos, asegúrese de clasificar sus materiales reciclables según corresponda. Los contenedores de reciclaje se consideran contaminados si contienen residuos sólidos (basura), residuos orgánicos/residuos de jardín u otros materiales no reciclables.



Your Logo Here

J

**Contamination Notice
(English/Spanish)**