


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	

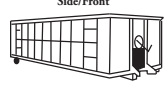
Comments: _____

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

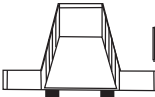
Mechanic's Signature: _____ Date: _____

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

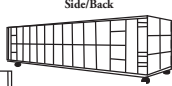
Side/Front



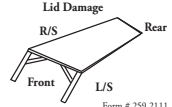
Front



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							
2 Wheel-Lugs & Nuts / Ruedas-Pernos Y Tuercas							
3 Steering Gear / Play/Qua De Direccion							
4 Springs / Muelles							
5 Wheel Seals / Sellos de Lanta							
6 Brakes (Foot) / Frenos (De Pie)							
7 Brakes (Parking) / Frenos (De Estacionamiento)							
8 Drain Air Tank / Vaciar El Tanque De Aire							
9 Air Lines (Hoses) / Lineas De Aire (Mangueras)							
10 Wheel & Locking Device Condition/Inspeccion realice de lo real							
11 License Plates & Registration / Placas y registro							
12 Wheel Checks / Tapa de Lanta							
13 Battery / Baterias							
14 Alternator / Alternador							
15 Starter / Motor De Arranque							
16 Drive Line / Flecha Cardan							
17 Engine Belts / Bandas Del Motor							
18 Check Exhaust System for Sng / Checa por Humo e Escape							
19 Fuel Leaks (All) / Agujeros de Combustible (Todos)							
20 Hoses (Oil) / Mangueras (Todos)							
21 Radiator Water / Agua Del Radiador							
22 Damage / Daños							
23 Frame Crack (Ribs) / Quebraduras de Chasis							
24 Defroster / Descongelador							
25 Heater / Calefón							
26 Oil Pressure / Presion Del Aceite							
27 Speedometer / Gauges / Velocimetro / Indicadores							
28 Horn, Skaiball / Bocina, Cinturon de Seguridad							
29 Rear View Mirror / Espejo De Retrovisión							
30 Windshield Wiper / Limpador De Parabrisas							
31 Clean Out Cab / Aclar La Cabina							
32 Check Glass / Revisar Vidrio							
33 Check All Lights / Revisar Todas Las Luces							
34 Signal (Intermittent) / Semáforos (Intermittent)							
35 Back Up Alarm / Alarma De Retroceso							
36 Fire Extinguisher / Extinguidor De Incendios							
37 Reflectors / Reflectores							
38 Mud Flaps / Placas							
39 PTO System/Toma De Fuerza							
40 Water Container on Board/Contenedor de Agua							
41 Check Camera/Revisar Cámaras							

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

INSOUND

LEFT SIDE	FLOOR	FRONT	REAR
TOP	DESCRIPTION	FRONT	REAR
RIGHT SIDE			

OUTBOUND

LEFT SIDE	FLOOR	FRONT	REAR
TOP	DESCRIPTION	FRONT	REAR
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: _____ Date / Fecha: _____
 white Form

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			

dnc@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 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

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 _____

Authorized Signature

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: _____ Destination: _____ Date: ____/____/____

(Authorized Signature) (Authorized Signature)

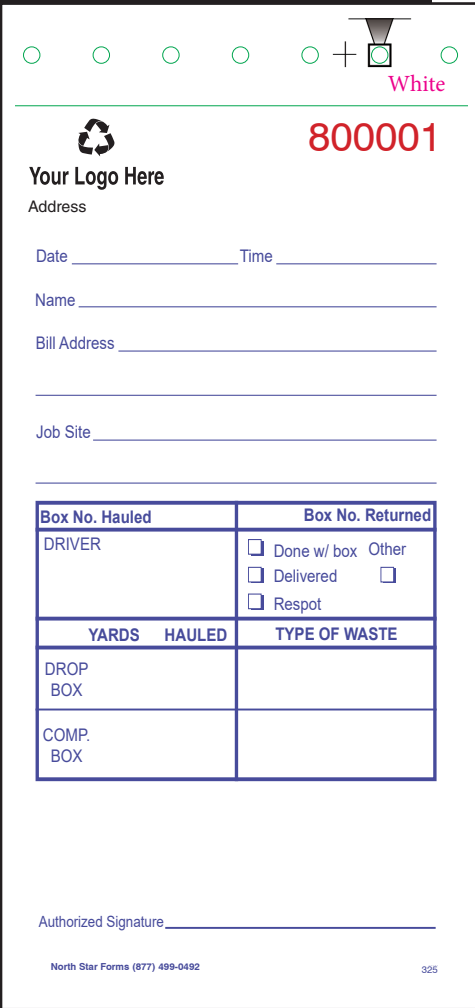
Driver Instructions: _____

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

I Delivery Ticket

Driver / Operator

Form # 325



White

800001

Your Logo Here

Address _____

Date _____ Time _____

Name _____

Bill Address _____

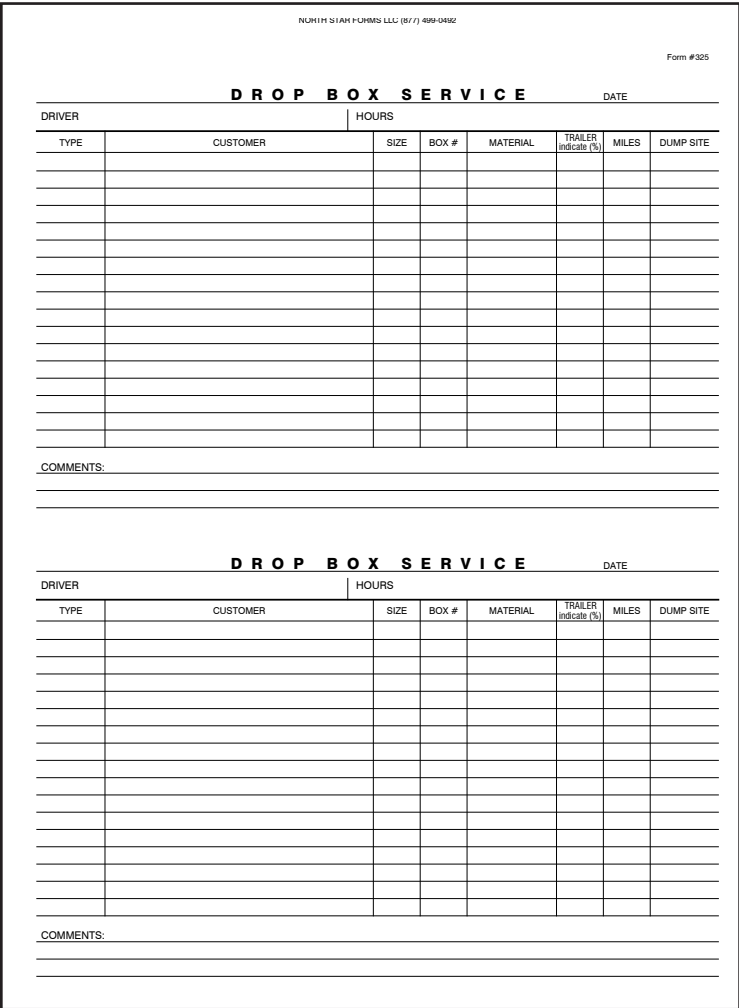
Job Site _____

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 _____

North Star Forms (877) 499-0492 325

J Driver Ticket, Triplicated



NORTH STAR FORMS LLC (877) 499-0492 Form # 325

DROP BOX SERVICE

DATE _____

DRIVER		HOURS						
TYPE	CUSTOMER	SIZE	BOX #	MATERIAL	TRAILER indicate (%)	MILES	DUMP SITE	

COMMENTS: _____

DROP BOX SERVICE

DATE _____


DRIVER		HOURS						
TYPE	CUSTOMER	SIZE	BOX #	MATERIAL	TRAILER indicate (%)	MILES	DUMP SITE	

COMMENTS: _____

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: _____

done@northstarforms.com (877) 499-0492 3342149

L

Intermodal Chassis Inspection Report



Roll Off Trailer - Dry
Pre & Post Trip Inspection Form

Driver Name: _____ Date: _____

Trailer Number: _____ Mileage: _____ Finish: _____

Start: _____ Total: _____

<p>PRE-TRIP</p> <p><input type="checkbox"/> Turn Table</p> <p><input type="checkbox"/> Tires, Wheels, Rims</p> <p><input type="checkbox"/> Lug Nuts & Hub Oil Level</p> <p><input type="checkbox"/> Pintle Loop</p> <p><input type="checkbox"/> Tow Bar Pivot Bolts</p> <p><input type="checkbox"/> Safety Cables</p> <p><input type="checkbox"/> Glad Hands & Light Plug</p> <p><input type="checkbox"/> Wiring & Air Lines</p> <p><input type="checkbox"/> Frame & Suspension</p> <p><input type="checkbox"/> Tie Down Straps & Ratchet Assembly</p> <p><input type="checkbox"/> Lights & Reflectors</p> <p><input type="checkbox"/> Brake Components</p> <p><input type="checkbox"/> License Plate & Legal Documents</p> <p><input type="checkbox"/> Mud Flaps & Fenders</p> <p><input type="checkbox"/> Tool Box & Mounts</p> <p><input type="checkbox"/> Spare Tire</p> <p><input type="checkbox"/> Drain Air Tanks</p> <p><input type="checkbox"/> Other: _____</p>	<p>POST-TRIP</p> <p><input type="checkbox"/> Turn Table</p> <p><input type="checkbox"/> Tires, Wheels, Rims</p> <p><input type="checkbox"/> Lug Nuts & Hub Oil Level</p> <p><input type="checkbox"/> Pintle Loop</p> <p><input type="checkbox"/> Tow Bar Pivot Bolts</p> <p><input type="checkbox"/> Safety Cables</p> <p><input type="checkbox"/> Glad Hands & Light Plug</p> <p><input type="checkbox"/> Wiring & Air Lines</p> <p><input type="checkbox"/> Frame & Suspension</p> <p><input type="checkbox"/> Tie Down Straps & Ratchet Assembly</p> <p><input type="checkbox"/> Lights & Reflectors</p> <p><input type="checkbox"/> Brake Components</p> <p><input type="checkbox"/> License Plate & Legal Documents</p> <p><input type="checkbox"/> Mud Flaps & Fenders</p> <p><input type="checkbox"/> Tool Box & Mounts</p> <p><input type="checkbox"/> Spare Tire</p> <p><input type="checkbox"/> Drain Air Tanks</p>
--	--

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

Locations:

Prior to performing maintenance follow Lockout - Tagout procedures.

VCR # _____

COMPANY: _____ TRACTOR # _____

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	LEFT SIDE	FLOOR
TOP	FRONT REAR	TOP	FRONT REAR
DESCRIPTION		DESCRIPTION	
RIGHT SIDE	FRONT REAR	RIGHT SIDE	FRONT REAR

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. Belts
		4. Ladders/Catwalks			EXTERIOR (IF APPLICABLE)
		5. Lights			29. Insert Air Tank for condition and proper operation.
		LEFT SIDE			30. Can Locks Locked
		6. Landing Gear			31. Insert Air Tank to warning device (audible demand only)
		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: _____ 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 Form No.:

N

Trailer Pre- and Post-Trip Inspection

O

Trailer Pre- and Post-Inspection

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		OUTBOUND	
LEFT SIDE	FLOOR	LEFT SIDE	FLOOR
TOP	FRONT REAR	TOP	FRONT REAR
DESCRIPTION		DESCRIPTION	
RIGHT SIDE	FRONT REAR	RIGHT SIDE	FRONT REAR

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: ____/____/____

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Driver / Operator

Form # 360

Form # D142

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
<input type="checkbox"/> 40 Yard Compactor/Enclosed	<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

Your Logo Here

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
 

Q

Calendar

Driver / Operator

Form # 156HG-160H

TRUCK FLEET

BRAKE INSPECTION QUALIFICATIONS
DOT INSPECTORS QUALIFICATION

OIL SAMPLE HISTORY - FLEET NO.
ANNUAL DOT INSPECTING REPORT

LEGAL DOCUMENT - FLEET NO.

90 DAY VCR FILE- FLEET NO.

MAKE _____ MODEL _____ YEAR _____

VIN NO./COMPLETE _____

SYSTEM TYPE _____ TIRE SIZE _____ TIRE SIZE _____

DATE	R.O. NO.	HOURS	MILEAGE	DESCRIPTION	Miscellaneous	Hydraulic leaks/repairs	Brake problems	Engine Oil Change	Engine Filter Change	Timing Drive Belt	Water Pumps	Alternator Repairs	Radiator/Headlight	Trailer & Suspension	Chassis	PM - DOT Inspection	PM - DOT Inspection	PM - DOT Inspection	PM - DOT Inspection	PM - DOT Inspection	PM - DOT Inspection	PM - DOT Inspection

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