


# TRAILER Pre/Post

Form # 334

 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
DESCRIPTION		DESCRIPTION	

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

INBOUND	OUTBOUND	ITEM	INBOUND	OUTBOUND	ITEM			
OK	NEEDS REPAIR		OK	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						
		22. Sides			TIRE PRESSURES			
		23. Roof			LFO	LFI	RFI	RFO
		24. Special Equipment						
		25. Other			LRO	LRI	RRI	RRO
		EXTERIOR (IF APPLICABLE)						
		26. Tarps/Stops/Cranks						
		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: \_\_\_\_\_


Form No. 334

A

Trailer Pre- and Post-Trip Inspection

B

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

 DAILY DRIVER'S INSPECTION & VEHICLE CONDITION REPORT

TRACTOR & TRAILER (DOT 396.11 396.13) DATE: \_\_\_\_\_


DIVISION \_\_\_\_\_ VEHICLE NUMBER: \_\_\_\_\_ HOURS: FINISH \_\_\_\_\_ ODOMETER: FINISH \_\_\_\_\_

DRIVER NAME (PRINT IN BLOCK LETTERS): \_\_\_\_\_ START \_\_\_\_\_

TOTAL \_\_\_\_\_ TOTAL \_\_\_\_\_

PRE-TRIP INSPECTION - DOT 396.13 (a)	POST-TRIP INSPECTION - DOT 396.11	FOR LOCAL DISTRICT USE																
<input type="checkbox"/> Alarm Operations (Check all appropriate alarms) <input type="checkbox"/> Reverse <input type="checkbox"/> Low Air Pres.	<input type="checkbox"/> Alarm Operations (Check all appropriate alarms) <input type="checkbox"/> Reverse <input type="checkbox"/> Low Air Pres.	<input type="checkbox"/> AM <input type="checkbox"/> PM FUEL <input type="checkbox"/> Diesel <input type="checkbox"/> 2010 Engine DEF Fluid _____ Gals./Ltrs. <input type="checkbox"/> Gas _____ <input type="checkbox"/> CNG _____ Gals./Ltrs./Therms.																
<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"/> 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	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.																
<input type="checkbox"/> I have performed the above inspection and found each item in proper working order or I have noted defects below.	<input type="checkbox"/> I have performed the above inspection and found each item in proper working order or I have noted defects below.	<b>TIRE PRESSURES</b> <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>																
<b>CHECK ALL DEFECTS</b> <b>TIRES, WHEELS &amp; RIMS</b> <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 <b>ENGINE</b> <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 <b>BRAKES</b> <input type="checkbox"/> Service Brakes <input type="checkbox"/> Parking Brakes <input type="checkbox"/> Air Hydraulic Leaks <input type="checkbox"/> Pulls to Left / Right <b>STEERING</b> <input type="checkbox"/> Loose <input type="checkbox"/> Shimmy <input type="checkbox"/> Steers Hard <input type="checkbox"/> Pulls to Left / Right <b>INSTRUMENTS AND GAUGES</b> <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	<b>VEHICLE CONDITION REPORT</b> <b>INSTRUMENTS AND GAUGES (cont.)</b> <input type="checkbox"/> Tachometer <input type="checkbox"/> Windshield Wipers / Washers <input type="checkbox"/> Horn (s) <b>LIGHTS</b> <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 <b>CAB/CHASSIS</b> <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"/> Coupling Device (s) <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"/> Spill Kit <b>SPRINGS</b> <input type="checkbox"/> Broken <input type="checkbox"/> Loose U-Bolts <input type="checkbox"/> Amp Meter / Volt Gauge <input type="checkbox"/> Temperature Gauge <input type="checkbox"/> Oil Pressure Gauge <input type="checkbox"/> Speedometer <b>CLUTCH</b> <input type="checkbox"/> Noisy <input type="checkbox"/> Slipping <input type="checkbox"/> Adjust Clutch <input type="checkbox"/> Clutch Brake	<b>CHECK IF NO DEFECTS NOTED</b> <b>REAR AXLE</b> <input type="checkbox"/> Noisy <input type="checkbox"/> Grease Leaks <b>DRIVELINE</b> <input type="checkbox"/> Foreign Material <input type="checkbox"/> Noisy <input type="checkbox"/> Vibrations <b>TRANSMISSION</b> <input type="checkbox"/> Noisy <input type="checkbox"/> Jumps Out of Gear <input type="checkbox"/> Hard Shifting <input type="checkbox"/> Grease Leaks <b>ELECTRICAL</b> <input type="checkbox"/> Will Not Start <input type="checkbox"/> Will Not Charge <input type="checkbox"/> Will Not Shut Down <b>OTHER</b> <input type="checkbox"/> Hydraulic Leaks <input type="checkbox"/> Turnbuckle <input type="checkbox"/> Hydraulic Controls <input type="checkbox"/> Pump Leaks <input type="checkbox"/> PTO Leaks <input type="checkbox"/> Damaged Chains <input type="checkbox"/> Pump Noisy <input type="checkbox"/> PTO Noisy <input type="checkbox"/> Hydraulic Level <input type="checkbox"/> Crack / Damage on Body																
<b>URGENT SAFETY REPAIRS NECESSARY</b> DESCRIPTION OF DEFECTS HERE: _____ _____ _____	<b>VEHICLE CLEANLINESS</b> <input type="checkbox"/> Cab Cleaned	<b>MAINTENANCE DEPARTMENT COMMENTS</b> _____ _____ _____																
CORRECTIVE ACTION / REPAIRS MADE AS PER DOT 396.11 (1) I CERTIFY THAT: <input type="checkbox"/> ITEMS NOTED DO NOT AFFECT THE SAFE OPERATION OF THIS VEHICLE. <input type="checkbox"/> 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 # 330																

# TRAILER Pre/Post



**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 3342149

**C** 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: \_\_\_\_\_ / \_\_\_\_\_

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

# TRAILER Pre/Post

## Form # 266



**Your Logo Here**

### 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.

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

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

PRE-TRIP	POST-TRIP	ITEM	PRE-TRIP	POST-TRIP	ITEM
OK	NEEDS REPAIR		OK	NEEDS REPAIR	
		FRONT			25. Sides
		1. Electric & Air Connections			26. Cross Members
		2. Headlight			27. Special Equipment
		3. 5th Wheel Plate & Kingpin			28. Bolts
		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 (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: \_\_\_\_/\_\_\_\_/\_\_\_\_



**Your Logo Here**

### Rail Vehicle Daily Pre / Post Safety Inspection Report

Unit Number: _____	End Hours _____	Start Hours _____
Date: ____/____/____	Total Hours _____	

**Inspect the following items / = OK X=Defective repairs may be 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					
			ADD FLUIDS		
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 ____/____/____					

done@northstarforms.com (877) 499-0492

**E** Trailer Pre- and Post-Trip Inspection

**F** Rail Vehicle Daily Pre / Post Safety Inspection Report