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# DVIR & VCR Pre/Post

## Form # 360

 DAILY DRIVER'S INSPECTION & VEHICLE CONDITION REPORT (DOT 396.11-896.13) **V-** DATE \_\_\_\_\_

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

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

Alarm Operation (Check all appropriate alarms)  
 FEL Arm  Fork  Hoist-up/Body  Boom  
 ASL Arm  Tailgate  Reverse  Low Air Pres.

Tires, Wheels and Rims  
 2010 Engine DEF Tank Filled  
 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 \_\_\_\_/\_\_\_\_/\_\_\_\_

**CHECK ALL DEFECTS** **VEHICLE CONDITION REPORT** **CHECK IF NO DEFECTS NOTED**  **URGENT SAFETY REPAIRS NECESSARY**

**TIRES, WHEELS, & RIMS** **INSTRUMENTS AND GAUGES (cont.)** **REAR AXLE**  
 Flat  Tachometer  Noisy  Grease Leaks  
 Low Air Pressure  Windshield Wipers / Washers  Foreign Material  
 Marginal Tread  Horn (s)  Noisy  Vibrations  
 Loose Lug Nuts  Headlights  Foreign Material  Noisy  Vibrations  
 Cracks, Cuts, or Damage  Stop & Tail Lights  Turn Signals  Transmission  Noisy  Jumps Out of Gear  
 Grease Leaks  Reflector  Hard Shifting  Grease Leaks  
 Oil Leaks  Dash Lights  Cab / Chassis  Will Not Start  Will Not Charge  Will Not Shut Down  
 Misses  Cab / Chassis  Will Not Start  Will Not Charge  Will Not Shut Down  
 Overheats  Factory Seat / 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  Broken  Loose U-Bolts  Clutch  Noisy  Slipping  Adjust Clutch  Clutch Brake

**STEERING** **SPRINGS** **CLUTCH**  
 Loose  Shimmy  Steers Hard  Pulls to Left / Right  Air Pressure Gauge / Alarm  Temp Meter / Volt Gauge  Temperature Gauge  Oil Pressure Gauge  Speedometer

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

FORM # 360

**A** Daily Driver's Inspection & Vehicle Condition Report

 DAILY DRIVER'S INSPECTION & VEHICLE CONDITION REPORT (DOT 396.11-896.13) **48561** DATE \_\_\_\_\_

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

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

Alarm Operation (Check all appropriate alarms)  
 FEL Arm  Fork  Hoist-up/Body  Boom  
 ASL Arm  Tailgate  Reverse  Low Air Pres.

Tires, Wheels and Rims  
 2010 Engine DEF Tank Filled  
 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 \_\_\_\_/\_\_\_\_/\_\_\_\_

**CHECK ALL DEFECTS** **VEHICLE CONDITION REPORT** **CHECK IF NO DEFECTS NOTED**  **URGENT SAFETY REPAIRS NECESSARY**

**TIRES, WHEELS, & RIMS** **INSTRUMENTS AND GAUGES (cont.)** **REAR AXLE**  
 Flat  Tachometer  Noisy  Grease Leaks  
 Low Air Pressure  Windshield Wipers / Washers  Foreign Material  
 Marginal Tread  Horn (s)  Noisy  Vibrations  
 Loose Lug Nuts  Headlights  Foreign Material  Noisy  Vibrations  
 Cracks, Cuts, or Damage  Stop & Tail Lights  Turn Signals  Transmission  Noisy  Jumps Out of Gear  
 Grease Leaks  Reflector  Hard Shifting  Grease Leaks  
 Oil Leaks  Dash Lights  Cab / Chassis  Will Not Start  Will Not Charge  Will Not Shut Down  
 Misses  Cab / Chassis  Will Not Start  Will Not Charge  Will Not Shut Down  
 Overheats  Factory Seat / 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  Broken  Loose U-Bolts  Clutch  Noisy  Slipping  Adjust Clutch  Clutch Brake

**STEERING** **SPRINGS** **CLUTCH**  
 Loose  Shimmy  Steers Hard  Pulls to Left / Right  Air Pressure Gauge / Alarm  Temp Meter / Volt Gauge  Temperature Gauge  Oil Pressure Gauge  Speedometer

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

FORM # 360

**B** Daily Driver's Inspection & Vehicle Condition Report










# DVIR & VCR Pre/Post

Form # 360



## DRIVER'S VEHICLE CONDITION REPORT

Location \_\_\_\_\_ Date \_\_\_\_\_  
 Driver \_\_\_\_\_ Unit \_\_\_\_\_  
 Start Time \_\_\_\_\_ Finish Time \_\_\_\_\_  
 Ending Engine Hours \_\_\_\_\_ Ending Mileage \_\_\_\_\_

**FLUID LEVELS**

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

**PRE/POST TRIP INSPECTION**

No Defects - Vehicle Condition Satisfactory

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

<b>PRE</b> <input type="checkbox"/> All gauges / gauge lights	<b>POST</b> <input type="checkbox"/>	<b>PRE</b> <input type="checkbox"/> Cab horn	<b>POST</b> <input type="checkbox"/>
<b>PRE</b> <input type="checkbox"/> Low pressure oil	<b>POST</b> <input type="checkbox"/>	<b>PRE</b> <input type="checkbox"/> Windshield cracks	<b>POST</b> <input type="checkbox"/>
<b>PRE</b> <input type="checkbox"/> Low oil warning light / buzzer	<b>POST</b> <input type="checkbox"/>	<b>PRE</b> <input type="checkbox"/> Windshield wipers	<b>POST</b> <input type="checkbox"/>
<b>PRE</b> <input type="checkbox"/> License / registration papers	<b>POST</b> <input type="checkbox"/>	<b>PRE</b> <input type="checkbox"/> Windshield / clean	<b>POST</b> <input type="checkbox"/>
<b>PRE</b> <input type="checkbox"/> Low air warning light / buzzer	<b>POST</b> <input type="checkbox"/>	<b>PRE</b> <input type="checkbox"/> Heat / defrost / AC	<b>POST</b> <input type="checkbox"/>

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

<b>PRE</b> <input type="checkbox"/> Reflective triangles	<b>POST</b> <input type="checkbox"/>	<b>PRE</b> <input type="checkbox"/> Fire extinguisher	<b>POST</b> <input type="checkbox"/>
<b>PRE</b> <input type="checkbox"/> Rear vision monitor	<b>POST</b> <input type="checkbox"/>	<b>PRE</b> <input type="checkbox"/> Camera / clean	<b>POST</b> <input type="checkbox"/>
<b>PRE</b> <input type="checkbox"/> Safety interlock switches	<b>POST</b> <input type="checkbox"/>	<b>PRE</b> <input type="checkbox"/> Safety devices	<b>POST</b> <input type="checkbox"/>

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

<b>PRE</b> <input type="checkbox"/> Service brakes adjusted	<b>POST</b> <input type="checkbox"/>	<b>PRE</b> <input type="checkbox"/> Marker lights / clean	<b>POST</b> <input type="checkbox"/>
<b>PRE</b> <input type="checkbox"/> Parking breaks operational	<b>POST</b> <input type="checkbox"/>	<b>PRE</b> <input type="checkbox"/> Brake lights / clean	<b>POST</b> <input type="checkbox"/>
<b>PRE</b> <input type="checkbox"/> Battery disconnect	<b>POST</b> <input type="checkbox"/>	<b>PRE</b> <input type="checkbox"/> Turn signal / clean	<b>POST</b> <input type="checkbox"/>
<b>PRE</b> <input type="checkbox"/> Body damage	<b>POST</b> <input type="checkbox"/>	<b>PRE</b> <input type="checkbox"/> Suspension	<b>POST</b> <input type="checkbox"/>
<b>PRE</b> <input type="checkbox"/> Cab damage	<b>POST</b> <input type="checkbox"/>	<b>PRE</b> <input type="checkbox"/> Steering play	<b>POST</b> <input type="checkbox"/>
<b>PRE</b> <input type="checkbox"/> Air lines	<b>POST</b> <input type="checkbox"/>	<b>PRE</b> <input type="checkbox"/> Fuel tank / lines	<b>POST</b> <input type="checkbox"/>
<b>PRE</b> <input type="checkbox"/> Drain air tank	<b>POST</b> <input type="checkbox"/>	<b>PRE</b> <input type="checkbox"/> Exhaust	<b>POST</b> <input type="checkbox"/>
<b>PRE</b> <input type="checkbox"/> Air dryer	<b>POST</b> <input type="checkbox"/>	<b>PRE</b> <input type="checkbox"/> Engine	<b>POST</b> <input type="checkbox"/>
<b>PRE</b> <input type="checkbox"/> Head lights clean	<b>POST</b> <input type="checkbox"/>	<b>PRE</b> <input type="checkbox"/> Starter	<b>POST</b> <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

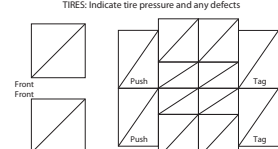
Driver Signature \_\_\_\_\_ Date \_\_\_\_\_

Mechanic Signature \_\_\_\_\_ Date \_\_\_\_\_


Driver Review Signature \_\_\_\_\_ Date \_\_\_\_\_

Work Order No. \_\_\_\_\_

TIRES: Indicate tire pressure and any defects



www.NorthStarForms.com Form # 360



## DAILY DRIVER'S INSPECTION & VEHICLE CONDITION REPORT

V -

DATE \_\_\_\_\_

(DOT 396.11 - 996.13)

DISTRICT NUMBER: \_\_\_\_\_ VEHICLE NUMBER: \_\_\_\_\_ HOURS: FROM \_\_\_\_\_ TO \_\_\_\_\_ ODOMETER: FROM \_\_\_\_\_ TO \_\_\_\_\_  
 DRIVER NAME (PRINT IN BLOCK LETTERS): \_\_\_\_\_ START \_\_\_\_\_ FINISH \_\_\_\_\_

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


PRE-TRIP INSPECTION - DOT 396.13 (a)	POST-TRIP INSPECTION - DOT 396.11	FOR LOCAL DISTRICT USE																																
<input type="checkbox"/> Alarm Operation (Check all appropriate alarms) <input type="checkbox"/> EL 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"/> 2010 Engine DEF Tank Filled <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"/> 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"/> 6th Wheel, Coupling Devices <input type="checkbox"/> License Plate (s) and Registration <input type="checkbox"/> Vehicle Damage <input type="checkbox"/> Vehicle Damage	<input type="checkbox"/> Alarm Operation (Check all appropriate alarms) <input type="checkbox"/> EL 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"/> 6th Wheel, Coupling Devices <input type="checkbox"/> License Plate (s) and Registration <input type="checkbox"/> Vehicle Damage <input type="checkbox"/> Drain Air Tanks	<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 <input type="checkbox"/> Power Steering Fluid <input type="checkbox"/> Anti-Freeze <input type="checkbox"/> Hydraulic Oil <input type="checkbox"/> Motor Oil <input type="checkbox"/> Auto Trans Fluid <input type="checkbox"/> DEF Fluid																																
<p>I have performed the above inspection and found each item in proper working order or I have noted defects below.</p> <p>Driver's Signature _____ Date _____</p>		<p><b>PRE-TRIP TIRE PRESSURES</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <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> <p><b>POST-TRIP TIRE PRESSURES</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <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>																																
<p><b>CHECK ALL DEFECTS</b></p> <p><b>TIRES, WHEELS &amp; RIMS</b></p> <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 <input type="checkbox"/> Fuel Leaks <input type="checkbox"/> Oil Leaks <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 <p><b>BRAKES</b></p> <input type="checkbox"/> Service Brakes <input type="checkbox"/> Parking Brakes <input type="checkbox"/> Air / Hydraulic Leaks <input type="checkbox"/> Pulls to Left / Right <p><b>STEERING</b></p> <input type="checkbox"/> Loose <input type="checkbox"/> Shimmy <input type="checkbox"/> Steers Hard <input type="checkbox"/> Pulls to Left / Right <p><b>INSTRUMENTS AND GAUGES</b></p> <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		<p><b>VEHICLE CONDITION REPORT</b></p> <p><b>INSTRUMENTS AND GAUGES (cont.)</b></p> <input type="checkbox"/> Tachometer <input type="checkbox"/> Windshield Wipers / Washers <input type="checkbox"/> Horn (s) <p><b>LIGHTS</b></p> <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 <p><b>CAB / CHASSIS</b></p> <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"/> 6th 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 <p><b>SPRINGS</b></p> <input type="checkbox"/> Broken <input type="checkbox"/> Loose U-Bolts <p><b>CLUTCH</b></p> <input type="checkbox"/> Noisy <input type="checkbox"/> Slipping <input type="checkbox"/> Adjust Clutch <input type="checkbox"/> Clutch Brake																																
<p><b>CHECK IF NO DEFECTS NOTED</b></p> <p><b>REAR AXLE</b></p> <input type="checkbox"/> Grease Leaks <p><b>DRIVE LINE</b></p> <input type="checkbox"/> Foreign Material <input type="checkbox"/> Vibrations <p><b>TRANSMISSION</b></p> <input type="checkbox"/> Noisy <input type="checkbox"/> Jumps Out of Gear <input type="checkbox"/> Hard Shifting <input type="checkbox"/> Grease Leaks <p><b>ELECTRICAL</b></p> <input type="checkbox"/> Will Not Start <input type="checkbox"/> Will Not Charge <input type="checkbox"/> Will Not Shut Down <p><b>BODY</b></p> <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 Control Arms <input type="checkbox"/> Rear Door Seal <input type="checkbox"/> Pump Noisy <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		<p><b>URGENT SAFETY REPAIRS NECESSARY</b></p> <p>DESCRIPTION OF DEFECTS HERE:</p> <p>MAINTENANCE DEPARTMENT COMMENTS</p>																																
<p><b>CORRECTIVE ACTION / REPAIRS MADE AS PER DOT 396.11 (1)</b></p> <p>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.</p> <p>MECHANIC'S SIGNATURE: _____ DATE: ____/____/____</p> <p>VEHICLE REPAIR ORDER NUMBER: _____ DATED: ____/____/____</p> <p>I HAVE REVIEWED THIS VEHICLE CONDITION REPORT AS PER DOT 396.13 (b) &amp; (c); DRIVER'S SIGNATURE: _____ DATE: ____/____/____</p> <p style="text-align: center; color: red; font-weight: bold;">MAINTENANCE COPY</p>		<p style="text-align: right; font-size: x-small;">FORM # 360 (Rev 02)</p>																																

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)

DATE \_\_\_\_\_

V-

DIVISION NAME: \_\_\_\_\_

VEHICLE NUMBER: \_\_\_\_\_

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

HOURS: FINISH \_\_\_\_\_

START \_\_\_\_\_

TOTAL \_\_\_\_\_

ODOMETER: FINISH \_\_\_\_\_

START \_\_\_\_\_

TOTAL \_\_\_\_\_

**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

Drain Air Tanks

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 Gals./Ltrs.  
 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

Sheers Hard

Pulls to Left / Right

**INSTRUMENTS AND GAUGES**

Air Pressure Gauge / Alarm

Temp Meter / Volt Gauge

Temperature Gauge

Oil Pressure Gauge

Speedometer

**VEHICLE CONDITION REPORT**

**INSTRUMENTS AND GAUGES (cont.)**

Tachometer

Windshield Wipers / Washers

Horn (s)

**LIGHTS**

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**

Broken

Loose U-Bolts

**CLUTCH**

Noisy

Slipping

Adjust Clutch

Clutch Brake

**BEAR 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

Turnbuckle

Hydraulic Controls

Pump Leaks

PTO Leaks

Damaged Chains

Pump Noisy

PTO Noisy

Hydraulic Level

Crack / Damage on Body

CHECK IF NO DEFECTS NOTED

**CORRECTIVE ACTION / REPAIRS MADE AS PER DOT 396.11 (I)**

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# \_\_\_\_\_

LF's Used \_\_\_\_\_

Del: \_\_\_\_\_

Company Fuel \_\_\_\_\_ (gal) Texas Fuel \_\_\_\_\_ (gal) Okla. Fuel \_\_\_\_\_ (gal) Purchased at \_\_\_\_\_

Driver: \_\_\_\_\_ Date: \_\_\_\_\_ Day: \_\_\_\_\_ Route: \_\_\_\_\_

Origin \_\_\_\_\_ Destination \_\_\_\_\_

#Loads \_\_\_\_\_ Mileage \_\_\_\_\_ Ending \_\_\_\_\_ Tot TX Miles \_\_\_\_\_

Beginning \_\_\_\_\_ Tot OK Miles \_\_\_\_\_

Returning to TX \_\_\_\_\_ Tot Other State \_\_\_\_\_

Leaving TX \_\_\_\_\_ Name Other State \_\_\_\_\_

\_\_\_\_\_ Total Loads \_\_\_\_\_ Engine Hrs. \_\_\_\_\_ Total Miles \_\_\_\_\_

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

**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 Guages
				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

 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: \_\_\_\_\_ TOTAL: \_\_\_\_\_

<b>PRE-TRIP INSPECTION - DOT 396.13 (a)</b> <input type="checkbox"/> Alarm Operation (Check all appropriate alarms) <input type="checkbox"/> FEL Arm <input type="checkbox"/> Fork <input type="checkbox"/> Hoist-up/Boom <input type="checkbox"/> ASL Arm <input type="checkbox"/> Taggate <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 I have performed the above inspection and found each item in proper working order or I have noted defects below.	<b>POST-TRIP INSPECTION - DOT 396.11</b> <input type="checkbox"/> Alarm Operation (Check all appropriate alarms) <input type="checkbox"/> FEL Arm <input type="checkbox"/> Fork <input type="checkbox"/> Hoist-up/Boom <input type="checkbox"/> ASL Arm <input type="checkbox"/> Taggate <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 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>AM</td> <td>PM</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <input type="checkbox"/> URGENT SAFETY REPAIRS NECESSARY DESCRIPTION OF DEFECTS HERE:  MAINTENANCE DEPARTMENT COMMENTS  <input type="checkbox"/> Alarm Operation (Check all appropriate alarms) <input type="checkbox"/> FEL Arm <input type="checkbox"/> Fork <input type="checkbox"/> Hoist-up/Boom <input type="checkbox"/> ASL Arm <input type="checkbox"/> Taggate <input type="checkbox"/> Reverse <input type="checkbox"/> Low Air Pres.	AM	PM										
AM	PM													

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

 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: \_\_\_\_\_ TOTAL: \_\_\_\_\_

<b>PRE-TRIP INSPECTION - DOT 396.13 (a)</b> <input type="checkbox"/> Alarm Operation (Check all appropriate alarms) <input type="checkbox"/> FEL Arm <input type="checkbox"/> Fork <input type="checkbox"/> Hoist-up/Boom <input type="checkbox"/> ASL Arm <input type="checkbox"/> Taggate <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 I have performed the above inspection and found each item in proper working order or I have noted defects below.	<b>POST-TRIP INSPECTION - DOT 396.11</b> <input type="checkbox"/> Alarm Operation (Check all appropriate alarms) <input type="checkbox"/> FEL Arm <input type="checkbox"/> Fork <input type="checkbox"/> Hoist-up/Boom <input type="checkbox"/> ASL Arm <input type="checkbox"/> Taggate <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 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>AM</td> <td>PM</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> <input type="checkbox"/> URGENT SAFETY REPAIRS NECESSARY DESCRIPTION OF DEFECTS HERE:  MAINTENANCE DEPARTMENT COMMENTS  <input type="checkbox"/> Alarm Operation (Check all appropriate alarms) <input type="checkbox"/> FEL Arm <input type="checkbox"/> Fork <input type="checkbox"/> Hoist-up/Boom <input type="checkbox"/> ASL Arm <input type="checkbox"/> Taggate <input type="checkbox"/> Reverse <input type="checkbox"/> Low Air Pres.	AM	PM										
AM	PM													

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

**M** Daily Driver's Inspection & Vehicle Condition Report


**N** Daily Driver's Inspection & Vehicle Condition Report

# DVIR & VCR Pre/Post

## Form # 334


NORTH STAR SERVICES (877) 499-0492

FORM #334



**MOTORIZED VEHICLE**

Pre & Post Trip Inspection




Your Logo Here

	Pre-Trip	Post-Trip	
Check Engine Oil Level			List Specific Requested Repairs Here
Check Automatic Transmission Oil Level			
Check Power Steering Fluid			
Inspect Engine Compartment			
Check Brake Fluid Level			
Check Coolant Level			
Inspect Tires, Lug nuts & Wheels			
<b>OPERATOR Compartment</b>			
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			
<b>VEHICLE Operation</b>			
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

# 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

 TRACTOR & TRAILER  
DAILY DRIVER'S INSPECTION & VEHICLE CONDITION REPORT

DATE: \_\_\_\_\_ V- \_\_\_\_\_

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

DRIVER NAME (PRINT IN BLOCK LETTERS): \_\_\_\_\_ START: \_\_\_\_\_ 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 Gals./Ltrs.																
<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 <input type="checkbox"/> Drain Air Tanks	<input type="checkbox"/> Diesel <input type="checkbox"/> 2010 Engine DEF Fluid <input type="checkbox"/> Gas <input type="checkbox"/> CNG Gals./Ltrs./Therms.																
<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.	FUEL _____ Gals./Ltrs. 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.																
Driver's Signature _____ Date _____	Driver's Signature _____ Date _____	<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"/> 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"/> 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>VEHICLE CLEANLINESS</b> <input type="checkbox"/> Cab Cleaned																		
<b>URGENT SAFETY REPAIRS NECESSARY</b> DESCRIPTION OF DEFECTS HERE: _____																		
<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

 Your Logo Here

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

 Your Logo Here

**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
TOP	DESCRIPTION			TOP	DESCRIPTION		
RIGHT SIDE				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. 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
<b>CIRCLE INSPECTION</b>					
<b>IN CAB INSPECTION</b>					
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 )		
<b>FLUID, FILTER, LUBE CHECK</b>			<b>ADD FLUIDS</b>		
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					
<b>Operator Explanation of Defects</b>					
<b>Mechanics Notes</b>					
<b>WO #</b>					
<input type="checkbox"/> Repairs needed <input type="checkbox"/> OUT of Service <input type="checkbox"/> Not needed for safe operation <input type="checkbox"/> Parts on order					
<b>Operators Printed Name</b> _____					
<b>Operators Signature X</b> _____ Date ____/____/____					
<b>Mechanic Signature X</b> _____ Date ____/____/____					
I have reviewed the previous days inspection					
<b>Operators Signature X</b> _____ Date ____/____/____					

done@northstarforms.com (877) 499-0492


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

**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**

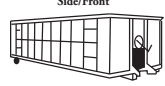
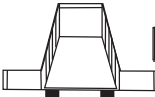

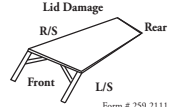
Location of Container: \_\_\_\_\_ Report No. \_\_\_\_\_  
Inspected By: \_\_\_\_\_ Account # \_\_\_\_\_  
Date \_\_\_\_\_ Driver \_\_\_\_\_ Box# \_\_\_\_\_ Color \_\_\_\_\_ Truck# \_\_\_\_\_

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			23 Damage / Daños		
2 Wheel-Lugs & Nuts / Ruedas-Pernos Y Tuercas			24 Defroster / Descongelador		
3 Steering Gear / Play/Caja De Direccion			25 Heater / Calefón		
4 Springs / Muelles			26 Oil Pressure / Presion Del Aceite		
5 Wheel Seals / Sellos de Lanta			27 Speedometer / Gauges / Velocimetro / Indicadores		
6 Brakes (Foot) / Frenos (De Pie)			28 Horn, Skaibell / Bocina, Cinturon de Seguridad		
7 Brakes (Parking) / Frenos (De Estacionamiento)			29 Rear View Mirror / Espejo De Retrovisión		
8 Drain Air Tank / Vaciar El Tanque De Aire			30 Windshield Wiper / Limpador De Parabrisas		
9 Air Lines (Hoses) / Líneas De Aire (Mangueras)			31 Clean Out Cab / Aclarar La cabina		
10 Wheel & Locking Device Condition/Inspeccion realice de lo real			32 Check Glass / Revisar Vidrio		
11 License Plates & Registration / Placas y registracion			33 Check All Lights / Revisar Todas Las Luces		
12 Wheel Checks / Tapa de Lanta			34 Signal (Intermittent) / Señales (Intermittentes)		
13 Battery / Baterias			35 Back Up Alarm / Alarma De Retroceso		
14 Alternator / Alternador			36 Fire Extinguisher / Extinguidor De Incendios		
15 Starter / Motor De Arranque			37 Reflectors / Reflectores		
16 Drive Line / Flecha Cardan			38 Mud Flaps / Placas		
17 Engine Belts / Bandas Del Motor			39 PTO System/Toma De Fuerza		
18 Check Exhaust System for Sng / Checar por Humo e Escape			40 Water Container on Board/Contenedor de Agua		
19 Fuel Leaks (All) / Agujeros de Combustible (Todos)			41 Check Camera/Revisar Cámaras		
20 Hoses (Oil) / Mangueras (Todos)					
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. Indicador de Aire \_\_\_\_\_ OK? Depresion de 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 Bases de la tráiler		
2 Wheel-Lugs & Nuts / Ruedas-Pernos Y Tuercas			14 Tarp Condition / Condicion de la lona		
3 Springs / Muelles			15 Tarp Shaft & Puller Bar / Flecha y roldillo de la tarpa		
4 Brakes & Wheel Seals / Frenos y sellos de Lanta			16 Tarp Strap & Fastener / Correa y brinque de la tarpa		
5 Suspension / Suspencion			17 Rear Door Condition / Condicion de la puerta trasera		
6 Air Line & Hose Condition / Líneas de aire y condicon de manguera			18 All Lights & Reflectors / Luces y Reflectores		
7 Air Tanks & Brackets / Tanques de aire y soporte			19 Working Floor Sides / Canchales del piso movi		
8 Air Leaks / Fuga de aire			20 Working Floor Operation / Operacion del sistema del piso movi		
9 Landing Gear Condition & Operation / Condicion y operacion de los patines			21 Working Floor Cylinders / Cilindros del piso movi		
10 Trailer Frame Cracks / Quebraduras del chasis de la tráiler			22 Hydraulic Hoses / Mangueras del hidraulico		
11 Trailer Frame Cross members / Soportes cruzados de la tráiler			23 Mud Flaps / Placas		
12 Trailer Top Center Support / Soporte del medio de la tráiler			24 License Plates & Registration / Placas y registracion		
			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

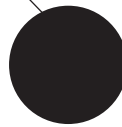
**CON EL MOTOR APAGADO  
(La Llave Puesta)**

- 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 # 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: \_\_\_\_\_

**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 # 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








# 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	RECAL
	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 \_\_\_\_\_

**B** Tire Change Record

## Form # 128

 **Company Name**  
**SHOP COMMUNICATION**


REPAIR MADE                       NOT ABLE TO DIAGNOSE—  
 TEMP REPAIR MADE                      FURTHER WORK NEEDED  
 NOT REPAIRED                       WHEELS NEED RE-TORQUE  
 PART ON ORDER                      (SEE TIRE TECH BEFORE  
 SCHEDULED FOR REPAIR                      PARKING)  
 AT LATER DATE                       SPEAK WITH SHIFT LEAD  
 COULD NOT DUPLICATE                      OR TECH REGARDING  
 PROBLEM                      YOUR TRUCK (SEE NOTES)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

THANK YOU!

www.northstarforms.com

**C** Shop Communication

 **Company Name**  
**SHOP COMMUNICATION**

REPAIR MADE                       PART ON ORDER  
 TEMP REPAIR MADE                       NOT ABLE TO DIAGNOSE—  
 NOT REPAIRED                      FURTHER WORK NEEDED

WO# \_\_\_\_\_

NAME \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
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 \_\_\_\_\_  
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 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

THANK YOU!

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

**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	RR1	RRIT	RT

LF	LP	LRI	LRIT	LT
		LRO	LROT	

Scheduled on WO# \_\_\_\_\_

## 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

**E** Shop Communication, Wheel Re-Torque Required

**F** Maintenance Record,  
Overhead Adjustment and Spark Plug Replacement



# Shop

## Form # 150g

### PREVENTIVE MAINTENANCE INSPECTION

**HAULING COMPANY**  
 Preventive maintenance is a requirement of WCI and Sec. 396.3 of the Federal Motor Carriers 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
<b>CAB/DRIVE</b>			<b>Check and adjust tire pressure, record current PSI &amp; tread depth below.</b>			<b>Rear suspension system for damage, cracks, or excessive wear</b>	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				Replace differential filter, if applicable	B	
Clutch pedal travel - top & bottom	A	/32				Differential(s) oil level	A	
Air pressure - holding and leaked off	A/E	/32				Clean differential(s) breather vent	B	
Air leaks on brake application, not to exceed 3# in one minute	A/E	/32		/32	/32	<b>Inspect rear brakes, drums &amp; wheel seals</b>	A/E	
Bleed down air pressure, enter alarm pressure setting	A/E	/32		/32	/32			
Enter air governor cut off pressure	A	/32		/32	/32	<b>ENGINE</b>		
Enter engine governed RPMs	A	/32		/32	/32	Raise cab or hood, check mounting, pivot points, hinges & latches	A	
Enter engine oil pressure - warm Lo idle # High idle #	A	/32		/32	/32	Replace engine oil & fuel filters, inspect and clean magnetic plug, if applicable	B	
Operation of dash gauges, interior lights, and switches	A	/32		/32	/32	Drain fuel/water separator, if applicable	B	
Enter engine oil pressure - warm Lo idle # High idle #	A	/32		/32	/32	Service cooling system filter, if applicable	B	
Enter engine oil pressure - warm Lo idle # High idle #	A	/32		/32	/32	Pressure test radiator cap	B	
Check engine for any unusual noise	A		<b>All exterior lights - including 4-ways, directionals, back up &amp; strobe light</b>	A/E		Pressure test cooling system	B	
Operation of heater, defrosters & other accessories	A		Test back up alarm & sonic back up sensor systems and cameras, if applicable	A		Inspect radiator cap is clearly marked for coolant type	B	
Operation of horn, air and electric accessories	A		License plates, mud flaps & mountings	B		<b>Service power steering filter, top off system</b>	B/E	
Operation of horn, air and electric accessories	A		Clean & inspect battery box, mounting, hold downs, terminals and cables	A		Service emissions systems, if applicable	B	
Cycle hydraulic system	A		Test batteries and disconnect switch	B		<b>CARB/CA Districts only: Inspect and clean OEM engine and DEC3 tags on engine</b>	B	
Operation of parking brake	A/E		Test charging system and record output, Volts	B		<b>CARB/CA Districts only: Inspect and clean DEC3 tags on emissions control device</b>	B	
Operation of speedometer and tachometer	A		<b>Fuel tank - mounting, lines, vent &amp; filter, cap/gasket</b>	B/E		Coolant level: Add water or antifreeze as required. Record Dec. protection	A	
Operation of transmission and clutch	A		Drain air tanks and test one-way check valves	A		Test cooling system conditioner; add as required. Test pH	B	
Operation of Tag or Pusher Axle	A		<b>Steering assembly for looseness</b>	A/E		All belts for condition & proper adjustment	A	
Operation of windshield wipers & washers	A/E		Set toe-in to specifications	B		Alternator mounting brackets & related wiring	A	
Steering wheel play and tube steer column shaft	A/E		Check front wheel bearings and kingpins for looseness, with front end raised	A/E		<b>Air compressor &amp; mounting</b>	A/E	
Condition of underdash wiring	A		Inspect front brakes, drums & wheel seals	A		Water pump bearing for looseness	A	
Condition of windows, slides & regulators; lubricate	A/E		<b>All front brake lines and hoses</b>	A/E		Check fan blade and fan shroud for cracks & condition	A	
Condition of exterior mirrors	A		<b>Front springs, center bolts &amp; U-bolts</b>	A/E		Service air compressor filter, if applicable	A/E	
Check Sun Visor	A		Lightly lubricate clutch release bearing and check clutch return spring	A		Air compressor intake hose for cracks or wear	A/E	
Safety equipment, fire extinguisher, spill kit	A		<b>Start engine; inspect filters, gaskets &amp; fuel lines for leakage</b>	A/E		Check the air induction system for cracks or leaks; check clamps	A	
<b>CARB/CA Districts only: Inspect OEM or retrofit emission control system indicator/lights</b>	A		Transmission oil level; inspect for any signs of leakage	A		Air cleaner restriction - maximum 20 inches of vacuum	B	
<b>CARB/CA Districts only: Inspect CARB door label - pre 2007 engine model</b>	A		Change transmission filter, if applicable	B		Clean & blow out radiator	B	
<b>WALKAROUND</b>			Clean transmission breather vent	B		All visible bolts, engine mounting, hoses & wiring harnesses	A	
Wheels, nuts, and studs for looseness or cracks or wheel alignment	A/E		Transmission rear bearing and retainer for looseness or leakage	A		<b>Fuel pump &amp; governor seals - report if broken or missing</b>	A	
Wheel bearing reservoirs for correct level and leaks if applicable	A/E		Driveline slip yokes, flanges, midship bearings and universal joints	A/E		Throttle linkage & return springs lubricate	A	
Axle flange nuts, gaskets & seals for looseness or leakage	A/E		Exhaust system, muffler, pipes, brackets, etc.	B/E		Test engine shutdown systems	A	
Irregular tire wear or mismatched tires	A/E		Lubricate entire chassis and body	A/E				
Record tire pressure in pounds on tire chart - correct pressures as needed	A/E		While lubricating chassis, check lines, fittings, hoses, bolts, etc.	A/E				
Check PTO, Lubricate shaft	A		While under chassis inspect frame & crossmembers for cracks or wear	A/E				

### BODY INSPECTION

CHECK	Code	INT	CHECK	Code	INT	CHECK	Code	INT
<b>WALKAROUND</b>			<b>INSIDE</b>			<b>FRONT END LOADER</b>		
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) Lift arm cylinder, mounts and pins	A	
5) Check hydraulic tank level	A		5) Inspect and lubricate cylinder pivots, anchors, pins and wear points as needed	A		5) Lift arm stop pads	A	
6) Service hydraulic tank breathers	B		6) Inspect cylinders for signs of leaking	A		6) Inspect condition and mounting of cab guard and hopper door shield	A	
7) Check all Container lids/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) Lubricate and inspect wear and damage hopper door, hinge pins, fasteners, bolts, stoppers	A	
<b>ROLLOFF</b>			<b>TAILGATE INSPECTION</b>			<b>OVERHEAD HOIST</b>		
1) Lubricate and inspect rollers	A		1) Inspect bottoms, sides, steps, channels for damage	A		1) Inspect box fasteners and mounts for damage	A	
2) Lubricate and inspect sheaves, pins, and cable blocks	A/E		2) Inspect all cylinder hubs and anchors for damage	A		2) Inspect rearing cylinder and winch	A	
3) Inspect hoist cable for damage	A/E		3) Lubricate all cylinders, pivots, pins and bushings	A		3) Inspect and lubricate sheaves, pulleys, and pins	A	
4) Inspect rearing cylinders for signs of leaking and lubricate as needed	A		4) Inspect blades (if applicable) for damage, cracks, etc.	A		4) Inspect cables and hook for damage	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		5) Operate system, check valve cylinders, hoses and steel	A	
6) Lower hoist or set ramp body, ensure square fit	A		6) Operate cycle mechanisms (if applicable) lubricate and inspect all rollers, roller tracks, linkages	A		6) Lines for leaks	A	
8) Inspect hoist up alarm	ALL		<b>TRACTORS</b>			7) Check Boom Alarm	A	
1) Inspect operation of Tractor Protection Valve	A/E		7) Inspect all steel lines, hoses, cylinders and operating valves for leaks or wear (as applies)	A		<b>RECYCLE (general)</b>		
2) Inspect operation of Trailer Hand Brake Valve	A/E		8) Raise tailgate, inspect for leaks, check tailgate seal	A		1) Inspect all hoisting and dumping mechanisms	A	
3) Inspect operation of Trailer Air Hoses	A/E		9) Lubricate and inspect tailgate hinges, pins, locking devices. Check welds for cracks and defects	A		2) Lubricate all pivot points, pins, bushings and rollers	A	
4) Clean operation of Glad Hands and Seals	A/E		10) Lower tailgate, ensure square fit	A		3) Operate and inspect all hoses, steel lines, operating valves and cylinders. Check for wear and leaks	A	
5) Inspect operation of Light Cord & Plug	A/E		11) Check Tailgate Alarm	A		4) Right side valve, check door and safety chains	A	
6) Lubricate & inspect 5th Wheel, jaws, latch & mounting	A/E		<b>DEFECTS FOUND</b>			5) Check Hoist Alarm	A	
<b>INSPECT BRAKE LINING FOR LOOSENESS AND RECORD THICKNESS IN /32.</b>						<b>MAN / ASL</b>		
						1) Inspect & lubricate arm	A	
						2) Inspect arm alarm	A	
						3) Inspect body / hoist alarm	A	
						4) Inspect & lubricate gripper bushings and bearings	A	
						5) Inspect pack blade and follower panel	A	
						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 \_\_\_\_\_





# 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 \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_


\_\_\_\_\_

\_\_\_\_\_

J

Vehicle Out of Service

## 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

K

Parts Order Request Form

# Shop

## Form # 249Gen

EQUIPMENT NO: _____ DATE OF REPAIR ____/____/____				RO No: _____			
ENGINE HOURS _____		MACHINE TYPE _____					
LOCATION NO: _____		Continued from RO: _____		<b>HEAVY EQUIPMENT REPAIR ORDER</b>			
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
<b>TOTAL PARTS COST</b> →					<b>TOTAL LABOR HOURS</b> →		
Gallons of Motor Oil Used _____				Gallons of Gear Oil Used _____			
Gallons of Hydraulic Oil Used _____				Gallons of Anti-Freeze Used 50-50 _____			
Gallons of Transmission Oil Used _____				Gallons of Extended Life Anti-Freeze Used _____			
Mechanic Signature _____				Manager Signature _____			

L


Heavy Equipment Repair Order





# Shop

## Form # 250Gen



**VEHICLE REPAIR ORDER**

Mechanic's Signature \_\_\_\_\_

Your Logo Here

Equipment No: \_\_\_\_\_ Date of Repair: \_\_\_\_\_  
 Location No: \_\_\_\_\_ Engine Hours: \_\_\_\_\_  
 Continued From Repair Order No: \_\_\_\_\_ Engine Miles: \_\_\_\_\_

REPAIR ORDER NO. **R-**

REPAIR CLASS	PARTS USED	Estimated	REQUESTED REPAIRS	Work Order Code	Employee Number	Record Time/Hrs
REPAIR CLASS	PART NUMBER	DESCRIPTION	QTY	PRICE EACH	AMOUNT	Comments/Task
1 - SCHEDULED						Complaint
2 - NON-SCHEDULED						
3 - REWORK						
4 - WAX						
5 - P-31 INSPECTION						
6 - LUBRICATION						
7 - PRESENCE ASP						
8 - FOUND ON PAIL						
9 - BREAKDOWN						
10 - ROAD CALL						
11 - ROUTINE REPAIR						
12 - NON-ADDRESS VEH						
13 - NON-ADDRESS VEH						
14 - CAPITAL IMPROVE						
15 - CONVERSION						
16 - MODIFICATION						
17 - ACCIDENT/INJURY						
18 - ACC-REPORTED						
19 - MAKEUP RECALL						
20 - STATUTORY ASP						
21 - STATE MODIFICATION						
22 - THEFT						
23 - VANDALISM						
24 - WARRANTY						
25 - MAKEUP REPAIR						
26 - NATIONAL CASES						

TOTAL PARTS COST →

COMMENTS

REPAIR SITE:

LUBRICANTS USED

01 - FACILITY  
02 - FIELD  
03 - TERMINAL  
04 - OUTSIDE COMPANY

05 - GALLONS OF MOTOR OIL Used  
06 - GALLONS OF HYDRAULIC OIL Used  
07 - GALLONS OF ATF Used  
08 - GALLONS OF ANTIFREEZE Used  
09 - GALLONS OF GREASE OIL Used  
10 - LBS. OF GREASE

Parts Ordered  Repair(s) Completed

Date: / / Date: / /

FOR OFFICE USE ONLY

APPROVED BY: \_\_\_\_\_ DATE ENTERED: \_\_\_\_\_

TOTAL LABOR HOURS →


**P** Vehicle Repair Order, 2 page

**SYSTEMS CODES**

<p><b>PREVENT. MAINT.</b></p> <p>PMA = 14 DAY PM PMB = 45 DAY PM PMC = AUTO TRANS SVC PMD = HYDRAULIC SVC PME = REAR/MAIN TRAM SERV PMD3 = ENGINE TUNEUP PMD4 = WINTERIZATION PME = ANN DOT RESPIC PME = ROD/MAN BEARING IMPCT PMD = TRAILER PM INSP PMB = PICKUP TRK SVC</p>	<p><b>WHEEL/HUB/BRAKE</b></p> <p>20 = AIR COMPRESSOR 21 = AIR DRYER 22 = AIR LINE HOSE 23 = AIR TANK 24 = BRAKE CALIPER 25 = BRAKE CHAMBER 26 = BRK LENSING PAD 27 = BRAKE VALVE 28 = DRUM/ROTOR 29 = SLACK ADJUSTER 2A = WHEEL 2B = ADJUSTMENT 2C = WHEEL BEARING 2E = WHEEL HUB 2H = WHEEL SEAL 2L = OTHER (WH/B)</p>	<p>42 = COOL LINE/HOSE 43 = COOLANT VALVE 44 = EXHAUST SYSTEM 45 = FAN SHROUD 46 = FAN/FAN CLUTCH 47 = OIL COOLER 48 = RADIATOR 49 = SHUTTER 4A = THERMOSTAT 4C = WATER MANIFOLD 4E = WATER PUMP 4L = OTHER (COOLING)</p>	<p>67 = GLASS 68 = HEAT/VENTILN. 69 = MIRROR 6A = MIRROR 6C = SEAT 6E = WIPER/WASHER 6L = OTHER (CAB)</p>	<p>8L = OTHER (BODY)</p>	<p>A3 = CONT. REPAIR A4 = PORT-O-LET A5 = ROLLOUT REPAIR A6 = CONT DELIV</p>
<p><b>TIRES/TUBES</b></p> <p>T1 = NEW TIRE - FRONT T2 = RECAP - FRONT T3 = NEW TIRE - REAR T4 = RECAP - REAR T5 = TIRE REPAIR</p>	<p><b>ENGINE</b></p> <p>30 = ACCEL LINKAGE 31 = ENGINE 32 = ENGINE BRAKE 33 = ENGINE MOUNT 34 = FUEL INJECTOR 35 = FUEL LINE/ENGINE 36 = INJECTION PUMP 37 = MANIFOLD 38 = OIL LINE/HOSE 39 = STOP CABLE 3A = THROTTLE CABLE 3C = TURBOCHARGER 3L = OTHER (ENGINE)</p>	<p><b>DRIVE TRAIN</b></p> <p>50 = AXLE HOUSING 51 = AXLE SHAFT 52 = CENTER BEARING 53 = CLUTCH 54 = CLUTCH LINKAGE 55 = DIFFERENTIAL 56 = DRIVE LINE 57 = POWER DIVIDER 58 = SHFT LINKAGE 59 = TRANS. MOUNT 5A = TRANS. AUTO 5C = TRANS. MANUAL 5E = INJECTION PUMP 5L = OTHER (D/TRAN)</p>	<p><b>ELECTRICAL</b></p> <p>70 = ALTERNATOR 71 = BATTERY 72 = FLASHER 73 = IGNITION 74 = LIGHT 75 = REFLECTOR 76 = SERIES/PAR SW 77 = STARTER 78 = SWITCH 79 = VOLT REGULAT 7A = WIRING 7L = OTHER (ELECT)</p>	<p><b>HYDRAULICS</b></p> <p>90 = AUX. ENGINE 91 = CYLINDER 92 = DRI VALVE 93 = HYD CONTROL 94 = HYD FILTER 95 = HYD LINE/ENGINE 96 = HYD PUMP 97 = HYD TANK 98 = HYD VALVE 99 = OVERSP TAKEOFF 9A = POWER TAKEOFF 9C = PTO SHAFT 9L = OTHER (HYD)</p>	<p><b>INDIRECT</b></p> <p>C1 = FUELING/OILING C2 = FIE TRIP C3 = BATTERY SERV C4 = START VEHICLE C5 = TIRE REPAIR C6 = TRUCK WASHING</p>
<p><b>FRAME/SUSP/STRG</b></p> <p>10 = AIR INDUCT SYS 11 = CROSSMEMBER 12 = FRAME 13 = FRONT AXLE 14 = FUEL TANK 15 = GUARD/BRACKET 16 = HANGPIN (AXLE) 17 = POWER STEERING 18 = SPRING 19 = STEERING GEAR 1A = STEERING LINKAGE 1C = SUSPENSION 1E = TONGUE ARM 1H = TRUNNION</p>	<p><b>COOLING</b></p> <p>40 = BELT 41 = COOLANT FLUID</p>	<p><b>CAB</b></p> <p>60 = CAB EXTERIOR 61 = CAB INTERIOR 62 = CAB JACK/CYL 63 = CAB LADDER 64 = CAB MOUNT 65 = DOOR 66 = GAUGE/INSTR.</p>	<p><b>BODY</b></p> <p>80 = BODY MOUNT 81 = FILL ARM 82 = FIFTH WHEEL 83 = FIFTH WHEEL 84 = LIN. SHIELD 85 = PALMER BLADE 86 = PUSHOUT PANEL 87 = RO/CABLE HOOK 88 = TRAILER BODY 89 = TRIP TOP DOOR 8A = TRUCK BODY 8C = WINCH 8E = TRAILER DOOR 8H = SWEEPER BROOM</p>	<p><b>SAFETY/ACCESS</b></p> <p>01 = AIR CONDITION 02 = BACKSEAT SYS 03 = BACKUP HORN 04 = BATTERY DISCON 05 = CONT. BUMPER 06 = ENGINE PROTECT 07 = FIRE EXTINGUISH 08 = SNOW PLOW 09 = TOP DOOR SYS 0A = 2 WY FAN/DO 0C = VACUUM SYS 0E = ON/ROD SCALE 0L = OTHER (SAF/ACC)</p>	<p><b>INDIRECT</b></p> <p>A1 = COMP. INSTALL A2 = COMP. REPAIR</p>

# 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

**Q** Container Shop Work Order

## 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

**R** Trailer Repair Request

## Shop

### Form # 280



### 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:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

### Form # 306

### PURCHASE ORDER

**Company Name**  
Address  
City, State Zip

PURCHASE ORDER

2012 -

This NUMBER MUST APPEAR on INVOICE and ALL Shipping Papers

TO \_\_\_\_\_

SHIP 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	

LOB'S

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	70396 - 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 # Next Service Due

**NEXT SERVICE DUE**

**HOURS**

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

**X**


Next Service Due





# Landfill & Yellow Iron

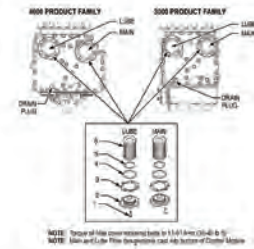
## Form # 129.PM

 **Heavy Duty Vehicle Inspection**  
 Preventive maintenance is a requirement of WCA and Sec. 396.3 of the Federal Motor Carriers Safety Regulation Handbook

Your Logo Here

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



CHECK	DESCRIPTION	LEVEL	STATUS
<b>C PM 1350 HOURS</b>			
<b>ENGINE</b>			
1	Pressure wash engine and transmission	C	
2	Drain sediment traps for fuel tanks	C	
<b>TRANSMISSION</b>			
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	
<b>FRONT SUSPENSION</b>			
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	
<b>CAC / AIR INDUCTION</b>			
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	
<b>HYDRAULICS</b>			
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 10M405A-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	
<b>DIFFERENTIAL / TELMA / DRIVELINE RETARDERS (if equipped)</b>			
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	
<b>CNG / LNG</b>			
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	
<b>D PM 2700 HOURS</b>			
<b>TRANSMISSION</b>			
	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
<b>AIR SYSTEM</b>			
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	
<b>CHARGE AIR COOLER/AIR INDUCTION</b>			
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	
<b>ENGINE</b>			
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	
<b>EXHAUST SYSTEMS</b>			
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	
<b>HYDRAULICS</b>			
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	
<b>CNG / LNG</b>			
43	Check wires, harnesses and routing for proper installation	D	
<b>E PM 4500 HOURS</b>			
<b>TRANSMISSION / DIFFERENTIAL</b>			
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	
<b>EXHAUST SYSTEMS</b>			
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



# 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) 499-0492 SIGNATURE \_\_\_\_\_

C

Receipt

## Form # 265



**Your Logo Here**

### HEAVY EQUIPMENT CHECKLIST

Unit Number \_\_\_\_\_ Date \_\_\_\_\_ Operator \_\_\_\_\_

**INSPECTION**

Pre-Trip	Post-Trip	
<input type="checkbox"/>	<input type="checkbox"/>	1. Pre-Trip — Visual; clean or clear of debris. Wheels in place, not flat. Tractor in use working order condition.
<input type="checkbox"/>	<input type="checkbox"/>	2. Oil & Water. Check levels — Mandatory. Fill if needed, when needed.
<input type="checkbox"/>	<input type="checkbox"/>	3. Hydraulic Oil — Transmission Fluid—mandatory. Fill if needed, when needed.
<input type="checkbox"/>	<input type="checkbox"/>	4. Cylinders — Main ones= check for leaks, broken or missing.
<input type="checkbox"/>	<input type="checkbox"/>	5. Engine Doors, Hoods, Operator's Door — Safe and accessible
<input type="checkbox"/>	<input type="checkbox"/>	6. Working Lights, Mirrors, Glass — Windshield intact, Steps-ladder
<input type="checkbox"/>	<input type="checkbox"/>	7. Back-up Alarms — Driver's horn for alerting, in motion. "Safety"
<input type="checkbox"/>	<input type="checkbox"/>	8. Seat Belts — Fire extinguisher ready and useful
<input type="checkbox"/>	<input type="checkbox"/>	9. Safe Start — Off, On-satisfactory
<input type="checkbox"/>	<input type="checkbox"/>	10. Interior Controls — Pass or fail
<input type="checkbox"/>	<input type="checkbox"/>	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 <u>  </u> / <u>  </u> / <u>  </u>				RO No: _____			
ENGINE HOURS _____		MACHINE TYPE _____					
LOCATION NO: _____		Continued from RO: _____		<b>HEAVY EQUIPMENT REPAIR ORDER</b>			
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
					-----		
				<b>TOTAL PARTS COST</b> →		<b>TOTAL LABOR HOURS</b> →	
Gallons of Motor Oil Used _____				Gallons of Gear Oil Used _____			
Gallons of Hydraulic Oil Used _____				Gallons of Anti-Freeze Used 50-50 _____			
Gallons of Transmission Oil Used _____				Gallons of Extended Life Anti-Freeze Used _____			
Mechanic Signature _____				Manager Signature _____			

E

Heavy Equipment Repair Order

# Landfill & Yellow Iron

## Form # 267




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

Unit Number: _____		End Hours _____	
Date: / /		Start Hours _____	
		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
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 / /	
If have reviewed the previous days inspection			
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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_


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**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 Cabiná (HRB Sólo)*  
notes: \_\_\_\_\_
- BELT  
*La Banda*  
notes: \_\_\_\_\_
- SHUT DOWNS  
*Los Botones de Emergencia*  
notes: \_\_\_\_\_
- WIRE TIE  
*EL Alare del Alambre*  
notes: \_\_\_\_\_
- TRACK  
*La Guía / Hero*  
notes: \_\_\_\_\_
- LIGHTS  
*LAS LUCES*  
notes: \_\_\_\_\_
- CYLINDERS  
*LOS CILINDROS*  
notes: \_\_\_\_\_
- HOSES  
*LAS MANGERAS*  
notes: \_\_\_\_\_
- PIPES  
*LOS Tubereías*  
notes: \_\_\_\_\_
- FAN  
*EL AVANICO*  
notes: \_\_\_\_\_
- CLEAN  
*LIMPO / LIMPIEZA*  
notes: \_\_\_\_\_
- HYDRAULIC LEAKS  
*LAS GOTERAS HIDRÁULICAS*  
notes: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_


\_\_\_\_\_

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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** No. \_\_\_\_\_  
 Address Date: \_\_\_\_\_  
 City, State \_\_\_\_\_  
 Phone TIME IN: \_\_\_\_\_  
 Open: Mon - Friday 8:00 am - 5:00 pm TIME OUT: \_\_\_\_\_  
 Saturday 8:00 am - 1:00 pm

Customer Type \_\_\_\_\_  
 Material Type: \_\_\_\_\_

Truck Number:	Vehicle Tag	Payment Type

<p>I/WE THE UNDERSIGNED CERTIFY THAT THE WASTE DELIVERED FOR DISPOSAL IS A NON-HAZARDOUS WASTE STREAM</p>	<p>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.*</p>
---	---

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 \_\_\_\_\_

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**J** Vehicle Ticket


## Form # 303

TICKET # No **21050** DATE \_\_\_\_\_  
 TIME \_\_\_\_\_

MATERIAL \_\_\_\_\_

TRUCK # \_\_\_\_\_  
 DRIVER \_\_\_\_\_  
 CU YDS \_\_\_\_\_  
 TONS \_\_\_\_\_

\_\_\_\_\_

  
Your Logo Here


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TICKET # No **21050** DATE \_\_\_\_\_  
 TIME \_\_\_\_\_

MATERIAL \_\_\_\_\_

TRUCK # \_\_\_\_\_  
 DRIVER \_\_\_\_\_  
 CU YDS \_\_\_\_\_  
 TONS \_\_\_\_\_

\_\_\_\_\_

  
Your Logo Here

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**K** Vehicle Ticket







# 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	REPAIRS NEEDED	
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	_____	_____		
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	<b>NA</b>	_____		
Clean Glass	<b>NA</b>	_____		
Clean Debris from Engine Compartment	<b>NA</b>	_____		
Clean Debris from Radiator	<b>NA</b>	_____		
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: \_\_\_\_\_

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 **Your Logo Here**

### Daily Heavy Equipment Inspection

Unit Number: \_\_\_\_\_ Date: \_\_\_\_\_ Equipment Model: \_\_\_\_\_

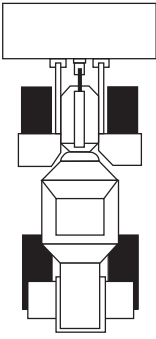
Hour Meter Start: \_\_\_\_\_ Hour Meter Finish: \_\_\_\_\_

Fuel Gallons Added # 1 \_\_\_\_\_

= Checked       = Added       = 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	_____	_____	



**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

North Star Forms LLC. (877) 499-0492

**R** Daily Heavy Equipment Inspection

**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		REPARACIONES NECESARIAS
	Antes de operar	Después de operar	
Grasa de máquina totalmente	_____	_____	
Inspeccionar el nivel de aceite de motor trasero	_____ Gal.	_____ Gal.	
Inspeccionar el nivel de aceite de motor delantero	_____ 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	NA	_____	1. Motor _____
Limpieza de vidrio	NA	_____	2. Sistema hidráulico _____
Limpie los desechos de motor	NA	_____	3. Cilindros _____
Limpie los desechos de radiador	NA	_____	4. Mangueras _____
Inspeccione las pistas / ruedas	_____	_____	5. Radiador _____
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 365SG Revised 11/11

**T** Daily Heavy Equipment Inspection, Spanish

## Form # 365SR

**HEAVY EQUIPMENT DAILY INSPECTION REPORT**

NOMBRE DE OPERADOR (Imprimir en Letra Grande): \_\_\_\_\_ Fecha de Reporte: \_\_\_\_\_

HORAS: FIN \_\_\_\_\_ 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

		tubos/oz.
Engrasar Maquina Completamente		
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 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 Inspection Despues de Operar	Fecha:
MANAGER, SUPERVISOR OR MAINTENANCE SIGN-OFF		Fecha:

COPIA BLANCA: MANTENIMIENTO      COPIA ROSA: OPERACIONES      COPIA AMARILLA: DEJAR EN LIBRO


**U** Heavy Equipment Daily Inspection Report, Spanish





# Landfill & Yellow Iron

## Form # ECR-Dozer



**Your Logo Here**

**Equipment Condition Report—DOZER**

Site Name: \_\_\_\_\_

Operator's 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
<b>From Ground</b>				
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			
<b>Engine Compartment</b>				
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			
<b>On Machine Outside of Cab</b>				
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			
<b>Inside Cab</b>				
Seat Belt	Damage, Wear, Adjustment			
Mirrors	Cleanlines, Adjustment, Cracks or Damage			
Fire Extinguisher	Charge, Damage			
<b>Start-Up</b>				
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: \_\_\_\_\_

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**X** Equipment Condition Report, Dozer

## Form # ECR-Excavator



**Your Logo Here**

**Equipment Condition Report—EXCAVATOR**

Site Name: \_\_\_\_\_

Operator's 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
<b>From Ground</b>				
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			
<b>Engine Compartment</b>				
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			
<b>On Machine Outside of Cab</b>				
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			
<b>Inside Cab</b>				
Seat Belt	Damage, Wear, Adjustment			
Mirrors	Cleanlines, Adjustment, Cracks or Damage			
Fire Extinguisher	Charge, Damage			
<b>Start-Up</b>				
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: \_\_\_\_\_

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**Y** Equipment Condition Report, Excavator

# Landfill & Yellow Iron

## Form # ECR-TrashCompactor



**Your Logo Here**

**Equipment Condition Report—LANDFILL TRASH COMPACTOR**

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
<b>From Ground</b>				
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			
<b>Engine Compartment</b>				
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			
<b>On Machine Outside of Cab</b>				
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			
<b>Inside Cab</b>				
Seat Belt	Damage, Wear, Adjustment			
Mirrors	Cleanlines, Adjustment, Cracks or Damage			
Operator Controls	Proper Labeling/Icons			
Fire Extinguisher	Charge, Damage			
<b>Start-Up</b>				
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: \_\_\_\_\_

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**Z** Equipment Condition Report, Trash Compactor

## Form # ECR-WheelLoader



**Your Logo Here**

**Equipment Condition Report—WHEEL LOADER**

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
<b>From Ground</b>				
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			
<b>Engine Compartment</b>				
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			
<b>On Machine Outside of Cab</b>				
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			
<b>Inside Cab</b>				
Seat Belt	Damage, Wear, Adjustment			
Mirrors	Cleanlines, Adjustment, Cracks or Damage			
Operator Controls	Proper Labeling/Icons			
Fire Extinguisher	Charge, Damage			
<b>Start-Up</b>				
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: \_\_\_\_\_


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

**AA** Equipment Condition Report , Wheel Loader



# Waste Manifest

Form # 308

 **OILFIELD WASTE MANIFEST**  
RCRA Exempt Waste Only, unless pre-approved by R360 and WYDEQ

Your Logo Here Address Phone

(PLEASE PRINT) NO. \_\_\_\_\_

**GENERATOR**

Generator Company Name: \_\_\_\_\_ Lease/Well Name & No.: \_\_\_\_\_  
 Bill To: (if different from Generator) \_\_\_\_\_ Permit No. \_\_\_\_\_  
 Address: \_\_\_\_\_ API No.: \_\_\_\_\_  
 \_\_\_\_\_ County: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Rig Name & No.: \_\_\_\_\_  
 Phone No.: \_\_\_\_\_ AFE/PO No./User ID: \_\_\_\_\_

WASTE STREAM INFORMATION (provide volume next to waste type)			
Pit/Tank Liner _____ yds <sup>3</sup>	Flowback Water _____ bbls	Sump _____ bbls	
Contaminated Soil _____ yds <sup>3</sup>	Production Water _____ bbls	Reserve Pond Fluid _____ bbls	
Filter Media _____ yds <sup>3</sup>	Mud _____ bbls	Tank Bottoms/Sludge (E&P) _____ bbls	
Solids _____ yds <sup>3</sup>			
Drill Cuttings _____ yds <sup>3</sup>			

I hereby certify that all information contained herein is true and correct, and the material described is properly identified, classified, labeled and prepared as indicated. I certify that this waste to the best of my knowledge is not hazardous or dangerous as defined by the U.S. EPA, or the state of origin. I certify this waste does not contain any regulated radioactive materials, that all known suspected hazards have been disclosed, and that the waste is not a regulated hazardous waste by government or local authority. I certify that all samples used for this analysis are representative of the materials described herein. I understand that all wastes may undergo inspection upon arrival at the facility and may be refused if the delivered material does not conform to the description herein. Notification will be provided immediately if there is a change in the composition of, or process generating this waste stream, prior to offloading the waste for management by the facility.

**Generator Representative Information (REQUIRED)**

\_\_\_\_\_  
(PRINT) AUTHORIZED AGENT'S NAME (PRINT) AUTHORIZED AGENT'S EMAIL  
 \_\_\_\_\_  
(PRINT) AUTHORIZED AGENT'S PHONE NUMBER  
 \_\_\_\_\_  
DATE SIGNATURE OF AUTHORIZED AGENT

**TRANSPORTER**

Trucking Company: \_\_\_\_\_ Driver's Name: \_\_\_\_\_  
 Trucking Address: \_\_\_\_\_ Print Name: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ Phone No.: \_\_\_\_\_  
 Phone No.: \_\_\_\_\_ Truck No.: \_\_\_\_\_

I hereby certify that the above named material(s) was/were picked up at the Generator's site listed above and delivered without incident to R360.

SHIPMENT DATE DRIVER'S SIGNATURE DELIVERY DATE DRIVER'S SIGNATURE

donc@northstarforms.com (877) 499-0492 308

**A** Oilfield Waste Manifest

Form # 308

NO. 24002

**Company Name**  
**Site Manager**  
**000-000-0000**

**Water Hauling Field Ticket**

DATE: \_\_\_\_\_  
 TIME: \_\_\_\_\_  
 OIL COMPANY: \_\_\_\_\_  
 AUTHORIZED BY: \_\_\_\_\_  
 WELL NAME: \_\_\_\_\_  
 WELL LOCATION: \_\_\_\_\_  
 TRUCKING COMPANY: \_\_\_\_\_  
 DRIVER'S NAME: \_\_\_\_\_  
 START TIME / END TIME: \_\_\_\_\_  
 MATERIAL BEING DISPOSED OF: \_\_\_\_\_  
 Produced Water   
 Flow Back Water   
 Fresh Water   
 NUMBER OF BARRELS: \_\_\_\_\_  
 DRIVER'S SIGNATURE: \_\_\_\_\_  
 R360 REPRESENTATIVE'S SIGNATURE: \_\_\_\_\_

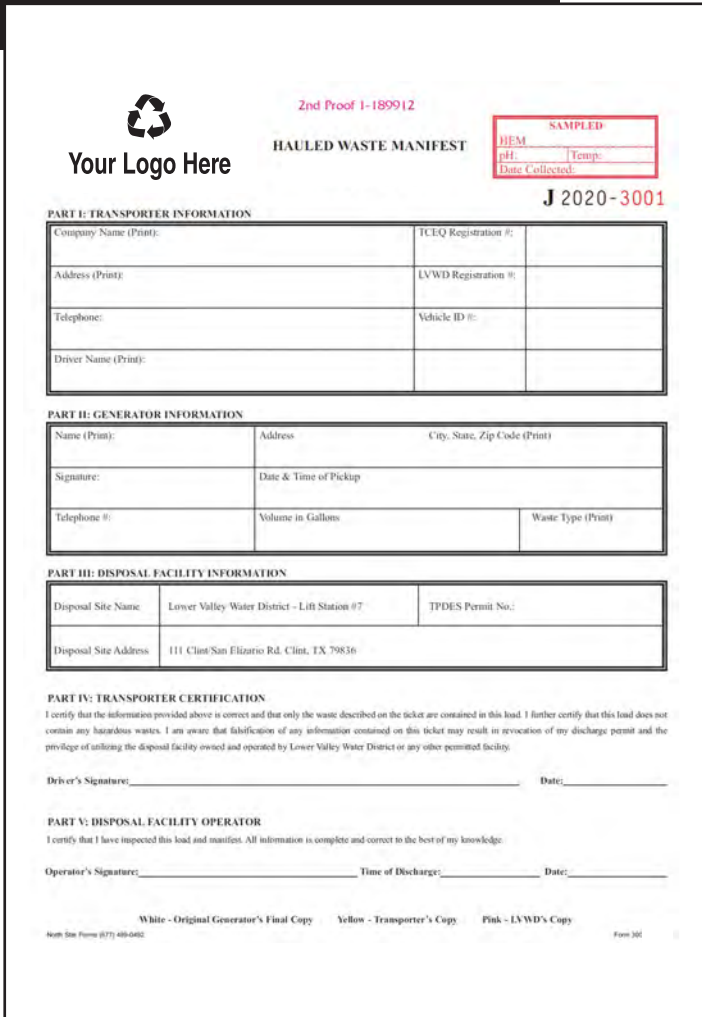
White Copy, R360 / Yellow Copy, Drivers

donc@northstarforms.com (877)499-0492 308

**B** Water Hauling Field Ticket, 5.5" x 8.5"

# Waste Manifest

## Form # 300



**Your Logo Here**

2nd Proof 1-189912

**HAULED WASTE MANIFEST**

**J 2020-3001**

**PART I: TRANSPORTER INFORMATION**

Company Name (Print):	TCEQ Registration #:
Address (Print):	LVWD Registration #:
Telephone:	Vehicle ID #:
Driver Name (Print):	

**PART II: GENERATOR INFORMATION**

Name (Print):	Address City, State, Zip Code (Print)	
Signature:	Date & Time of Pickup	
Telephone #:	Volume in Gallons	Waste Type (Print)

**PART III: DISPOSAL FACILITY INFORMATION**

Disposal Site Name	Lower Valley Water District - Lift Station #7	TPDES Permit No.:
Disposal Site Address	111 Clint/San Elizario Rd. Clint, TX 79836	

**PART IV: TRANSPORTER CERTIFICATION**

I certify that the information provided above is correct and that only the waste described on the ticket are contained in this load. I further certify that this load does not contain any hazardous wastes. I am aware that fabrication of any information contained on this ticket may result in revocation of my discharge permit and the privilege of utilizing the disposal facility owned and operated by Lower Valley Water District or any other permitted facility.

Driver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PART V: DISPOSAL FACILITY OPERATOR**

I certify that I have inspected this load and manifest. All information is complete and correct to the best of my knowledge.

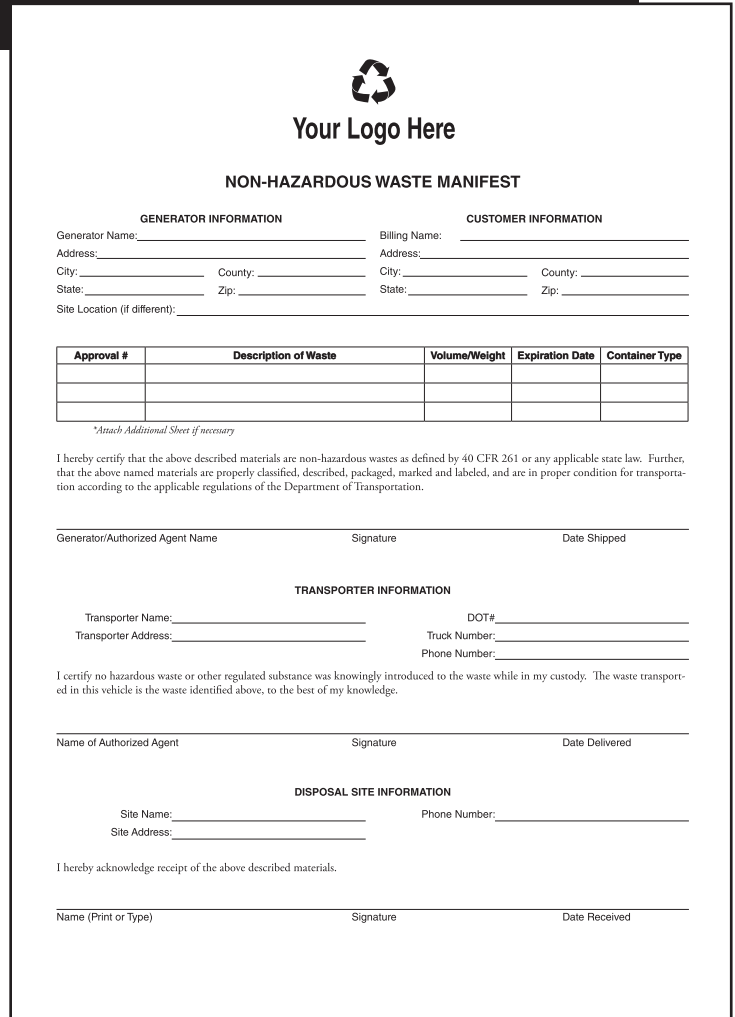
Operator's Signature: \_\_\_\_\_ Time of Discharge: \_\_\_\_\_ Date: \_\_\_\_\_

White - Original Generator's Final Copy    Yellow - Transporter's Copy    Pink - LVWD's Copy

North Star Forms (977) 489-0492 Form 300

**C** Hauled Waste Manifest

## Form # 308.gen



**Your Logo Here**

**NON-HAZARDOUS WASTE MANIFEST**

**GENERATOR INFORMATION**

Generator Name: \_\_\_\_\_ Billing Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Address: \_\_\_\_\_  
 City: \_\_\_\_\_ County: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Site Location (if different): \_\_\_\_\_

**CUSTOMER INFORMATION**

Approval #	Description of Waste	Volume/Weight	Expiration Date	Container Type

*Attach Additional Sheet if necessary*

I hereby certify that the above described materials are non-hazardous wastes as defined by 40 CFR 261 or any applicable state law. Further, that the above named materials are properly classified, described, packaged, marked and labeled, and are in proper condition for transportation according to the applicable regulations of the Department of Transportation.

Generator/Authorized Agent Name \_\_\_\_\_ Signature \_\_\_\_\_ Date Shipped \_\_\_\_\_

**TRANSPORTER INFORMATION**

Transporter Name: \_\_\_\_\_ DOT# \_\_\_\_\_  
 Transporter Address: \_\_\_\_\_ Truck Number: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

I certify no hazardous waste or other regulated substance was knowingly introduced to the waste while in my custody. The waste transported in this vehicle is the waste identified above, to the best of my knowledge.

Name of Authorized Agent \_\_\_\_\_ Signature \_\_\_\_\_ Date Delivered \_\_\_\_\_

**DISPOSAL SITE INFORMATION**

Site Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Site Address: \_\_\_\_\_


I hereby acknowledge receipt of the above described materials.

Name (Print or Type) \_\_\_\_\_ Signature \_\_\_\_\_ Date Received \_\_\_\_\_

**D** Non-Hazardous Waste Manifest

# Waste Manifest

## Form # 308



Your Logo Here

**HAZARDOUS MATERIAL**  
RECYCLED BASE OIL

NO. 000000

---

**GENERATOR**

Emergency Contact # \_\_\_\_\_  
Your Address \_\_\_\_\_

THIS IS TO CERTIFY THAT THE BELOW NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED AND LABELED, AND ARE IN PROPER CONDITION FOR TRANSPORTATION, ACCORDING TO THE APPLICABLE REGULATIONS OF THE D.O.T.  
THE CARRIER CERTIFIES THAT THE CARGO TANK SUPPLIED FOR THIS SHIPMENT IS A PROPER CONTAINER FOR THE TRANSPORTATION OF THIS COMMODITY AS DESCRIBED BY THE SHIPPER.

Time In	Time Out

ALL PRODUCTS MEET A.S.T.M. STANDARDS.

Description of Material	Sales Tank Start	Sales Tank End	lbs. / gal.	Material Total

Generator Authorized Agent Name (Print) \_\_\_\_\_ Signature \_\_\_\_\_ Delivery Date \_\_\_\_\_

---

**TRANSPORTER**

Transporter Name: \_\_\_\_\_ Driver Name (Print): \_\_\_\_\_  
Address: \_\_\_\_\_ Truck Number: \_\_\_\_\_  
Truck Type: \_\_\_\_\_

Generator Authorized Agent Name (Print) \_\_\_\_\_ Driver Signature \_\_\_\_\_ Delivery Date \_\_\_\_\_

---


**DESTINATION**

Customer/Generator Name: \_\_\_\_\_ Authorized Agent Name: \_\_\_\_\_  
Permit/RRC No. \_\_\_\_\_ Phone: \_\_\_\_\_  
Lease Name & Well No. \_\_\_\_\_  
County: \_\_\_\_\_  
API No. \_\_\_\_\_  
Rig Name & No. \_\_\_\_\_

donc@northstarforms.com (877)499-0492    White - ORIGINAL    Pink - TRANSPORTER    Yellow - GENERATOR/CUSTOMER    Form # 308

**E** Hazardous Material

## Form # 308



Your Logo Here

**NON-HAZARDOUS MANIFEST**

RML

---

**GENERATOR**

Generator \_\_\_\_\_ AFE # \_\_\_\_\_  
Address \_\_\_\_\_ Well Number & Location Info \_\_\_\_\_  
Shipping Location \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

Description of Waste Materials	Industrial Waste Code #	Profile Number	Total Quantity	Unit of Measure	Container Type

I hereby certify that the above-described materials are not hazardous wastes as defined by 40 CFR, Part 261 or any applicable state law or regulation, have been fully and accurately described, classified and packaged, and are in proper condition for transportation according to applicable law and regulations.

Generator Authorized Agent Name (Print) \_\_\_\_\_ Signature \_\_\_\_\_ Delivery Date \_\_\_\_\_

---

**TRANSPORTER**

Transporter Name \_\_\_\_\_ Driver Name (Print) \_\_\_\_\_  
Truck Number \_\_\_\_\_  
Address \_\_\_\_\_ Truck Type \_\_\_\_\_

I hereby acknowledge receipt of the above-described materials for transport from the generator shipping location listed above.      I hereby acknowledge that the above-described materials were received from the generator shipping location and were transported without incident to the destination listed below.

Driver Signature \_\_\_\_\_ Shipment Date \_\_\_\_\_      Driver Signature \_\_\_\_\_ Delivery Date \_\_\_\_\_

---

**DESTINATION**

Site Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Disposal Location: North \_\_\_\_\_ East \_\_\_\_\_ Level \_\_\_\_\_


I hereby acknowledge receipt of the above-described materials.

Name of Authorized Agent (Print) \_\_\_\_\_ Signature \_\_\_\_\_ Receipt Date \_\_\_\_\_  
White - Original      Canary - Disposer Retain      Pink - Transporter Retain      Goldenrod - Generator Retain  
donc@northstarforms.com (877) 499-0492      Form # 308

**F** Non-Hazardous Manifest

# Waste Manifest

## Form # 308



**Your Logo Here**

**NON-HAZARDOUS OILFIELD WASTE MANIFEST** Company Man Contact Information

(PLEASE PRINT) \*REQUIRED INFORMATION\* Name \_\_\_\_\_  
Phone No. \_\_\_\_\_

---

**GENERATOR** NO. **000000**

Generator Manifest # \_\_\_\_\_ Location of Origin \_\_\_\_\_  
 Lease/Well Name & No. \_\_\_\_\_  
 Address \_\_\_\_\_ County \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_ API No. \_\_\_\_\_  
 Phone No. \_\_\_\_\_ Rig Name & No. \_\_\_\_\_  
 AFE/PO No. \_\_\_\_\_

EXEMPT E&P Waste (Service Identification and Amount (place volume next to waste type in barrels or cubic yards))		NON-EXEMPT E&P WASTE		OTHER EXEMPT E&P WASTE STREAMS	
Oil Based Mud	_____	Washout Water (Non-Injectable)	_____		
Oil Based Cuttings	_____	Completion Fluid/Flow Back (Non-Injectable)	_____		
Water Based Mud	_____	Produced Water (Non-Injectable)	_____		
Water Based Cuttings	_____	Gathering Line Water/Waste (Non-Injectable)	_____		
Produced Formation Solids	_____				
Truck Bottoms	_____				
E&P Contaminated Soil	_____				
Gas Plant Waste	_____				
		INTERNAL USE ONLY		TOP SOIL & CAULKES SALES	
		Truck Washout (except waste)	YES _____ NO _____	QUANTITY	TOP SOIL CAULKES

WASTE GENERATION PROCESS:  DRILLING  COMPLETION  PRODUCTION  GATHERING LINES

**NON-EXEMPT E&P Waste (Service Identification and Amount)**

*All non-exempt E&P waste must be analyzed and be below threshold limits for toxicity (EPA Ignitability, Corrosivity and Reactivity).*

Non-Exempt Other \_\_\_\_\_ (Please select from **Non-Exempt Waste List** on back)

TOTAL QUANTITY B - BARRELS L - LIQUID Y - YARDS E - EACH

RCRA EXEMPT: Oil field wastes generated from oil and gas exploration and production operations and are not mixed with non-exempt waste (R390). Accepts certifications on a per lead basis only.

RCRA NON-EXEMPT: Oil field waste which is non-hazardous that does not exceed the minimum standards for waste hazardous by characteristics established in RCRA regulations, 40 CFR 261.22-261.24, or listed hazardous waste as defined by 40 CFR, part 261, subject D, as amended. The following documentation demonstrating the waste as non-hazardous is attached. (Check the appropriate items as provided)

EMERGENCY NON-OILFIELD: Emergency non-hazardous, non-oilfield waste that has been ordered by the Department of Public Safety (the order, documentation of non-hazardous waste determination and a description of the waste must accompany this form)

MSDS Information  RCRA Hazardous Waste Analysis  Other (Provide Description Below)

---

**TRANSPORTER**

Transporter's Name \_\_\_\_\_ Driver's Name \_\_\_\_\_  
 Address \_\_\_\_\_ Print Name \_\_\_\_\_  
 Phone No. \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Transporter Ticket # \_\_\_\_\_ Truck No. \_\_\_\_\_

I hereby certify that the above named material(s) was/were picked up at the Generator's site listed above and delivered without incident to the disposal facility listed below.

SENDER DATE	SENDER SIGNATURE	DELIVERY DATE	RECEIVER SIGNATURE
TRUCK TIME STAMP	DISPOSAL FACILITY	RECEIVING AREA	
IN: _____ OUT: _____	Name/No. _____		
Site Name/Permit No. _____	Phone No. _____		

NORM READINGS TAKEN? (Circle One) YES NO IF YES, was reading > 50 micro roentgens? (Circle One) YES NO

PASS THE PAINT FILTER TEST? (Circle One) YES NO

**TANK BOTTOMS**

Foot	Inches	BSSW/SBS Received	BSSW (%)
1st Gauge _____	_____	Free Water _____	_____
2nd Gauge _____	_____	Total Received _____	_____

I hereby certify that the above lead material has been (circle one) ACCEPTED DENIED If denied, why? \_\_\_\_\_

NAME (PRINT) \_\_\_\_\_ DATE \_\_\_\_\_ TITLE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

C-138 [www.northstarforms.com](http://www.northstarforms.com) 877-499-0492 White - R390 ORENAL Yellow - TRANSPORTER COPY Pink - GENERATOR SITE COPY G44 - RETURN TO GENERATOR 308

**Generator** - to be completed by the generator of the waste in transit

**Company man contact information** - Provide the rig manager's name and number

**Operator's Name** - Provide the name of the company from which the waste originates

**Address, City, State, Zip** - Business address for the generator company

**Phone No.** - Provide a phone number where the generator company can be reached

**Permit/RRC No.** - Provide the Railroad Commission permit number

**Lease/Well Name & No.** - Provide the name of the lease/well name and number. If offshore, provide the OCS number

**County** - Provide the county at which the waste was generated in, If offshore, provide the Field name and Block number

**API No.** - Provide the American Petroleum Institute number, may contain up to 14 digits

**Rig Name & No.** - Provide the name of the drilling contractor and the well number and well name

**AFE/PO No.** - Provide either the Authorization for Expenditure (AFE) number or the Purchase Order (PO) number

**Origination of waste** - Check the option that best describes where the waste originates from

**Drilling** - Waste generated while drilling the well

**Initial Completion** - Waste generated on the original completion for re-completions see **Production**

**Production** - Waste generated during the production life of the well (i.e., work overs, re-completions, hydraulic fracturing, gas plant treatment, etc.)

**Commercial Facilities** - Waste that is generated at commercial facilities (i.e., Refineries, SVD Wells, Compressor stations, Transfer stations, etc.)

**In Transit** - Waste which is spilled while in transit, NOT to include well gathering lines or field gathering lines, to include contaminated material resulting from the spill (typically trucking, post-production pipelines, or barges)

**Transporter** - To be completed by the waste hauler/transporter in the presence of the generator

**Transporter name** - Provide the company name that is transporting the waste

**Address** - Business address for the transport company

**Driver's Name** - Provide the first and last name of the driver hauling the waste

**Phone No.** - List the phone number at which the transport company can be reached

**WHP No.** - List the Waste Hauler's Permit Number associated with the truck that is hauling the material

---

Waste Categories	
<p><b>Exempt E&amp;P Waste</b></p> <ul style="list-style-type: none"> <li>Oil Based Mud               <ul style="list-style-type: none"> <li>Oil Based Drilling Fluids</li> <li>Offshore Oil Based Drilling fluids</li> </ul> </li> <li>Oil Based Cuttings               <ul style="list-style-type: none"> <li>Oil Based Drill cuttings</li> <li>Offshore Oil Based cuttings</li> </ul> </li> <li>Water Based Mud               <ul style="list-style-type: none"> <li>Water Based Drilling fluids</li> <li>Offshore Water Based Drilling fluids</li> </ul> </li> <li>Water Based Cuttings               <ul style="list-style-type: none"> <li>Water Based Drill cuttings</li> <li>Offshore Water Based cuttings</li> </ul> </li> <li>Produced Formation Sand and Solids               <ul style="list-style-type: none"> <li>Hydrogen sulfide abatement wastes from geothermal energy production</li> <li>Workover wastes</li> <li>Produced sand</li> <li>Constituents removed from produced water before it is injected</li> </ul> </li> <li>Tank Bottoms               <ul style="list-style-type: none"> <li>Basic sediment, water, and other tank bottoms from storage facilities that hold product and exempt waste</li> <li>Pit sludges and contaminated bottoms from storage or disposal of exempt wastes</li> <li>Accumulated materials such as hydrocarbons, solids, sands, and emulsion from production separators, fluid treating vessels, and production impoundments</li> <li>Constituents removed from produced water before it is injected or otherwise disposed of</li> <li>Liquid hydrocarbons removed from the production stream but not from oil refining</li> <li>Waste crude oil from primary field operations</li> </ul> </li> </ul>	<p><b>Non-Exempt E&amp;P Waste</b></p> <p>All non-exempt oil &amp; gas waste must be analyzed for and be below the threshold limits for Toxicity (EPA Metals), Ignitability, Corrosivity and Reactivity.</p> <p><a href="http://www.epa.gov/owh/heard/wastetypes/characteristic.htm">www.epa.gov/owh/heard/wastetypes/characteristic.htm</a></p> <ul style="list-style-type: none"> <li>Unused fracturing fluids or acids</li> <li>Gas plant cooling tower cleaning wastes</li> <li>Oil and gas service company wastes such as drum residue, sandblast media, painting wastes, spent solvents, spilled chemicals, and waste acids</li> <li>Vacuum truck and drum residue from trucks and drums transporting or containing non-exempt waste</li> <li>Non-Exempt E&amp;P Liquid and solid wastes generated by crude oil and tank bottom residues</li> <li>Waste compressor filters and blowdown</li> <li>Non-Exempt E&amp;P waste in transportation pipeline related pits</li> <li>Caustic or acid cleaners</li> <li>Boiler cleaning wastes</li> <li>Boiler scrubber fluids, sludges, and ash</li> <li>E&amp;P Contaminated Soil               <ul style="list-style-type: none"> <li>Transportation spill of post-production and gas</li> </ul> </li> </ul>

G

Non-Hazardous Oilfield Waste Manifest, 2 Page

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

[northstarforms.com](http://northstarforms.com)





# 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.
- 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 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 siguiente 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 requistes es un violacion de la Ciudad De Ceres Municipa Codigo 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 articulos en su bote de desperdicios organicos

Yard Waste-Desperdicio de Yarda  
Grass, leaves, brush- Pajo, hojas, ramas  
Plant clipping-Cortes de Plantas  
Tree limbs less than 4feet 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- Desperdicios de papel**  
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, full diapers, kitty litter, animal feces, scraps, lumber, wood products, dirt rocks.

**Por Favor No:** basura de plastic, vidrio, metal, plasticos de cualquier clase, cemento, asfalto, liquid, animal, pañales, arena para gato, excrement 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.**

©northstarforms.com 149  
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): \_\_\_\_\_  
Driver (Conductor): \_\_\_\_\_ Date (Fecha): \_\_\_\_\_

- 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 las siguientes):
- Not serviced today because of the following (Servicio no se ha hecho hoy, debido a las siguientes):
- Placement of Cart (Colocacion 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 direction 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, lanchas o otra obstrucción)
- Overstuffed 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 despendicios 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 hojas, 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 Bertolotti Disposal for service (Bote debe ser reemplazado o reparado - favor de llamar a Bertolotti 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 plato 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, paneles, 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):** \_\_\_\_\_

- 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.
- 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 violacion 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 - Desperdicios 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 plato 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, paneles, 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.**

con@northstarforms.com 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**

**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

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

northstarforms.com

# TAGS

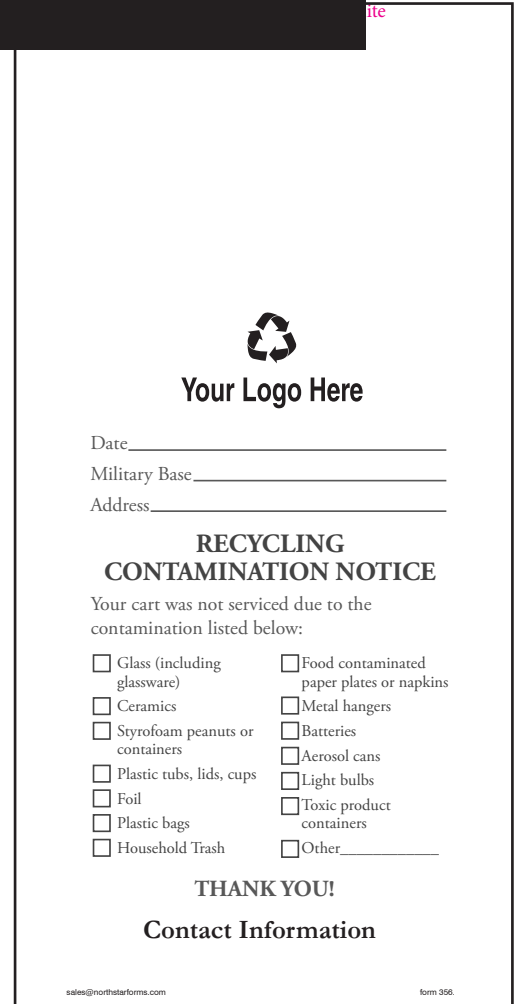
## Form # 256



**L** Overweight Notice  
SIDE 1

Overweight Notice  
SIDE 2

## 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:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> <b>Plastic Bags &amp; Materials in Plastic Bags</b><br><small>Bolsas de plástico y residuos en bolsas de plástico</small> | <input type="checkbox"/> <b>Furniture &amp; Carpet</b><br><small>Muebles y alfombras</small>                | <input type="checkbox"/> <b>Foods or Liquids</b><br><small>Alimentos o líquidos</small> |
| <input type="checkbox"/> <b>Clothing &amp; Textiles</b><br><small>Ropa y textiles</small>  | <input type="checkbox"/> <b>Green or Yard Waste</b><br><small>Residuos orgánicos/residuos de jardín</small> | <input type="checkbox"/> <b>Other</b> 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 contantemente 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 material, 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



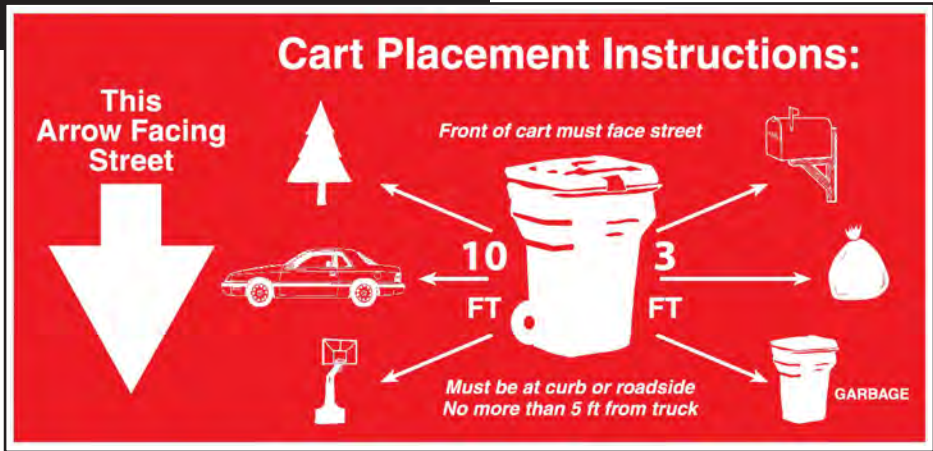
Your Logo Here

**N** Contamination Notice

**O** Free Service Offer

# Decals

**Form # D416A**



**A**

**Cart Placement**

**Recycle Notice**

Material Not Acceptable for Recycle Pickup

Please remove unacceptable items, and your cart will be picked up on your next service day

ALLOWED	NOT ALLOWED
Aluminum Cans	<input type="checkbox"/> Pizza Boxes, Waxy Cardboard
Tin Cans	<input type="checkbox"/> Yard Waste
Flattened Cardboard	<input type="checkbox"/> Glass
Plastics (jugs,tubs,bottles)	<input type="checkbox"/> Garbage
Paperboard	<input type="checkbox"/> Styrofoam
	<input type="checkbox"/> Linen

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, \_\_\_\_\_

\_\_\_\_\_

**000-000-000**

For questions or more information refer to your Company Name app.

 Your Logo Here

done@northstarforms.com (877) 499-0492

**B**

**Recycle Notice**

# Decals

Form # D142



C Calendar

Form # D411



D Collection Day Change




# Decals

## Form # Recycle Notice



**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	NOT ALLOWED
<p>Aluminum Cans</p> <p>Tin Cans</p> <p>Flattened Cardboard</p>	<p><input type="checkbox"/> Pizza Boxes, Waxy cardboard</p> <p><input type="checkbox"/> Paper</p> <p><input type="checkbox"/> Any plastics</p> <p><input type="checkbox"/> Yard Waste</p> <p><input type="checkbox"/> Glass</p> <p><input type="checkbox"/> Garbage</p>
<p><input type="checkbox"/> Aluminum and Tin cans must be rinsed</p> <p><input type="checkbox"/> Cardboard must be flattened and cut down to fit into the recycle cart. (No larger than 3x3 foot)</p>	

**Thank you,** \_\_\_\_\_

 **000-000-000**

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

**F** Recycle Notice

# 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      \$ 000.000.000      \$ 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"/> <b>New Customer/Competitor</b> <small>Nuevo Cliente/Competido</small>	<input type="checkbox"/> <b>Construction Project</b> <small>Proyecto de Construcción</small>
<input type="checkbox"/> <b>Vacant Building</b> <small>Construcción Vacante</small>	<input type="checkbox"/> <b>Increase in Service</b> <small>Majora on un servicio</small>

**\*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)

## Office

### Form # 203

### Form # 275

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.

**C** Time Off Request



**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:								
								<b>SubTotal:</b>

recycling service: \_\_\_\_\_ **SubTotal:**

Cardboard:							
96 Gallon							
							<b>Monthly Total:</b>

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



6 Cubic Yard  
W-72" L-66" H-62"  
8 Cubic Yard  
W-72" L-71" H-74"



20 Cubic Yard  
L-22' x W-8' x H-4'  
30 Cubic Yard  
L-22' x W-8' x H-6'



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

Form #275  
www.northstarforms.com

**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

 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: \_\_\_\_\_  
 \_\_\_\_\_ SHIP VIA \_\_\_\_\_

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 Actv	70110 - Contributions 70150 - Utilities 70165 - Communications Office 70185 - Postage 70195 - Dues and Subscriptions 70201 - Entertainment	70203 - Travel 70206 - Meals 70208 - 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 \_\_\_\_\_


NORTH STAR FORMS LLC (877) 499-0492 306

F

Purchase Order

## Office

### Form # 307



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

Customer's Name \_\_\_\_\_ Phone \_\_\_\_\_  
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 Customer 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, Customer's liability is limited to \_\_\_\_\_% of the Service Charge Per Month or of the Service Charge Per Load, whichever is applicable for each month, so long as 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 \_\_\_\_\_

<h4>CUSTOMER</h4> <p>Idaho Corporation _____ Idaho Partnership _____ A Sole Proprietorship _____ Other _____ Authorized Signature _____ Name (Please Print) _____ Title _____ Date _____ <small>The Terms and Conditions on Reverse Side Are Expressly Incorporated.</small></p>	<h4>CONTRACTOR</h4> <p>An Idaho Corporation _____ Representative's Signature _____ Name (Please Print) _____ Representative's Title _____ Date _____</p>
--	--

**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](http://www.northstarforms.com)


4 - 8 - 7  
Form # 307

**MISC. SPECIAL INSTRUCTIONS / DESCRIPTION OF EQUIPMENT, ETC.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Your Logo Here**

### SERVICE PROPOSAL

DATE \_\_\_\_\_







Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

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.


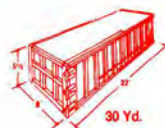

#### REAR-LOAD CONTAINER SYSTEM

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



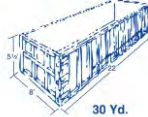
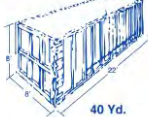
\_\_\_\_\_ FRONT-LOAD CONTAINER(S) \_\_\_\_\_ cu.yd., furnished and well maintained by \_\_\_\_\_, emptied \_\_\_\_\_ times per week at \$ \_\_\_\_\_ per month.

---

#### 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 \_\_\_\_\_

I Service Proposal

### Form # 320


Your Logo Here

### Request For Time Off

Employee Name: \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ District: \_\_\_\_\_

Vacation 1	From: _____ Thru: _____	Total Hrs: <input type="text"/>	Leave of Absence	From: _____ Thru: _____	Total Hrs: <input type="text"/>
Vacation 2	From: _____ Thru: _____	Total Hrs: <input type="text"/>	Bereavement	From: _____ Thru: _____	Total Hrs: <input type="text"/>
Vacation 3	From: _____ Thru: _____	Total Hrs: <input type="text"/>	Jury Duty	From: _____ Thru: _____	Total Hrs: <input type="text"/>
Vacation 4	From: _____ Thru: _____	Total Hrs: <input type="text"/>	Military Duty	From: _____ Thru: _____	Total Hrs: <input type="text"/>
Float Day	From: _____ Thru: _____	Total Hrs: <input type="text"/>	Other	From: _____ Thru: _____	Total Hrs: <input type="text"/>

Comments:

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Approved: \_\_\_\_\_

Date: \_\_\_\_\_

Not Approved: \_\_\_\_\_


Date: \_\_\_\_\_

DOING@NORTHSTARFORMS.COM (877) 499-0492 OPERATIONS COPY FORM#320

J Request for Time Off (Triplicate)

# 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.

**K** Safety Hazard Report

## Form # Name Plates

**DONALD COATES**

**DONALD COATES**  
**OPERATIONS**

**L** Name Plates



# Mailings

Form # E10



**A**

#10 Envelope, one color



**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 [\[link\]](#) 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	
<b>Previous Balance</b>					76.60	
<b>PAYMENTS RECEIVED</b>						
11/30/23	1393	CHECK PAYMENT	1.00	-38.30	-38.30	
11/30/23	1393	CHECK PAYMENT	1.00	-38.30	-38.30	
<b>CHARGES THIS INVOICE</b>						
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	
<b>AGE</b>	<b>CURRENT</b>	<b>30 DAYS</b>	<b>60 DAYS</b>	<b>90 DAYS</b>	<b>FINANCE</b>	<b>Please Pay</b>
<b>AMOUNT</b>	38.30	0.00	0.00	0.00	0.00	<b>\$38.30</b>

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. Please keep this guide for reference to your new service.

**Waste & Recycling Collection Guidelines**

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

Place 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 the office 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 car, 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.

For an additional trash cart, call the cost for an additional cart is \$45/month billed annually - \$48. Senior residents my 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      **Christmas Day:** December 25, 2023  
**New Year's Day:** January 1, 2024              **Labor Day:** September 3, 2024  
**Memorial Day:** May 27, 2024                **Thanksgiving Day:** November 21, 2024  
**Independence Day:** July 4, 2024            **Christmas Day:** December 25, 2024

**Join at the importance of** **on Dec. 7 at 6 p.m.**  
**at the** **- 10 learn more about**

© 2023 WM Residential Property Holdings, LLC

**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](http://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 (shredded). 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 bag at a house improvement store. It's convenient and costs only \$4.99.

**Fill.** The Recycle Right bag is empty to go and ready to be taken to a WM recycling bin.

**Go.** Head off to work with your Recycle Right bag in your cart.

For More Information 

Scan to learn the 3 Basic Rules of Home

**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 & Paperboard

**Do Not Include in Your Recycling Container**

- NO Food or Liquids
- NO Foam Cups & Containers
- NO Green Waste
- NO Batteries
- NO Loose Plastic Bags
- NO Clothing, Furniture & Carpet

**Recycle Right**

Check back soon for programs. Please contact customer service at 877-499-0492.

**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](http://wm.com) or call [877-499-0492](tel:877-499-0492).

**Bulk Items include:**

- Carpet - please cut, roll and tie in lengths no greater than 4 ft.
- Appliances - remove appliance doors and Freon (Freon must be removed or will not collect)
- Large screens TV, 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.
- Bulky 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.

<p><b>Automotive Products</b></p> <p>Antifreeze, batteries, brake fluid, tires, motor oil and filters, fuels, and more.</p> <p><b>Garden Chemicals</b></p> <p>Fertilizers, insect sprays, herbicides, pesticides, and weed killers.</p> <p><b>Paint Products</b></p> <p>Paint, oak, glue, stain, sealer, primer, and wood preservative.</p> <p><b>Household Cleaners</b></p> <p>Ammonia, bleach, toilet cleaner, rust removers, tile/grout cleaners, upholstery cleaner, and more.</p>	<p><b>Electronics</b></p> <p>Computers, monitors, keyboards, MP3 players, televisions, DVD/CD players, tape players, VCRs, cell phones, desktop printers, fax machines, and microwaves.</p> <p><b>Mercury and Lithium-containing Items</b></p> <p>Batteries, compact fluorescent lamps, fluorescent tubes, thermometers, and thermostats.</p> <p><b>Sharps, needles, and lancets</b></p> <p>Must be placed in a sealed, rigid, puncture resistant container.</p>
--	--

**Your Logo Here**



Scan and plan How Recycling Works

Here questions? Please contact customer service at [877-499-0492](tel:877-499-0492)

F

Two-Sided Trifold Direct Mail Brochure

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

[northstarforms.com](http://northstarforms.com)

# Postcards & Brochures

## Form # 130

TRASH <i>Collection</i>	YARD WASTE <i>Collection</i>	BI-WEEKLY RECYCLING <i>Collection</i>
<p><b>Please have all items at the curb by 6:00 am.</b></p> <p>Here are a few tips on using our 96 gallon trash and yard waste carts:</p> <ul style="list-style-type: none"> <li>• Please <b>bag</b> all loose garbage before placing in cart to reduce windblown litter in your neighborhood.</li> <li>• 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.</li> <li>• Place your cart at least 4 feet away from mailboxes, cars, fences, light poles, etc.</li> <li>• Place cart at the curb with the front of the lid facing the curb.</li> <li>• <b>Branches and Brush</b> – 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.</li> <li>• <b>Boxes</b> – Please cut and flatten the boxes so they can fit into your container.</li> <li>• We can <b>NOT</b> collect paints, solvents, motor oils, antifreeze, car batteries, tires or appliances.</li> <li>• 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.</li> </ul>	<p>Yard waste is an additional service that we offer. Yard waste is defined as <b>grass and leaves only</b> and runs April 1st - November 30th. Your disposal options include using a mulching mower, composting, or having us haul it a compost site.</p> <p>Our service includes the use of a 96 gallon cart for yard waste only.</p> <ul style="list-style-type: none"> <li>• We do pick up extra yard waste outside the provided container if paper biodegradable bags are used – 12 bags maximum.</li> <li>• <b>No plastic bags</b> can be used.</li> <li>• December through March, the provided 96 gallon yard waste cart may be used for household trash.</li> </ul> <p><b>Please try and fit all trash and yard waste inside the provided carts.</b></p> <p><b>Call information about additional carts, if needed.</b></p> <div data-bbox="459 1213 722 1365" style="text-align: center;">  <p><b>Your Logo Here</b></p> <p><b>000-000-0000</b> yourwebsite.com</p> </div>	<p>We encourage all residents to participate in . . . . . The more you recycle, the more you benefit <b>YOUR</b> community.</p> <p>Place the following items directly into your bin. Please do not place in separate bags.</p> <p style="text-align: center;">• • • <b>NO SEPERATING REQUIRED</b> • • •</p> <p><b>ALUMINUM AND TIN:</b> Rinse out all food and beverage containers. We no accept formed aluminum containers (example: disposable pie plates). We also accept clean aluminum foil/tin cans and aluminum cans.</p> <p><b>AEROSOL CANS AND PAINT CANS:</b> These cans must be empty (example: hairspray and deodorant). Paint cans must have paint removed.</p> <p><b>PAPER:</b> 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.</p> <p><b>CARDBOARD:</b> 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.</p> <p><b>PLASTIC:</b> 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.)</p> <p><b>PLEASE NOTE – WE DO NOT TAKE:</b> Glass, styrofoam, rubber bands, plastic bags, soiled paper (example: pizza boxes), tissue paper, paper towels or wax-coated paper.</p>
		

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

**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 – Rinse and
- Bottle 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

**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

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**

**E-Waste Recycling**

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

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.

**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.

 Your Logo Here

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								
50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65
66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81
82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97
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114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129
130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145
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498	499	500	501	502	503	504	505	506	507	508	509	510	511	512	513
514	515	516	517	518	519	520	521	522	523	524	525	526	527	528	529
530	531	532	533	534	535	536	537	538	539	540	541	542	543	544	545
546	547	548	549	550	551	552	553	554	555	556	557	558	559	560	561
562	563	564	565	566	567	568	569	570	571	572	573	574	575	576	577
578	579	580	581	582	583	584	585	586	587	588	589	590	591	592	593
594	595	596	597	598	599	600	601	602	603	604	605	606	607	608	609
610	611	612	613	614	615	616	617	618	619	620	621	622	623	624	625
626	627	628	629	630	631	632	633	634	635	636	637	638	639	640	641
642	643	644	645	646	647	648	649	650	651	652	653	654	655	656	657
658	659	660	661	662	663	664	665	666	667	668	669	670	671	672	673
674	675	676	677	678	679	680	681	682	683	684	685	686	687	688	689
690	691	692	693	694	695	696	697	698	699	700	701	702	703	704	705
706	707	708	709	710	711	712	713	714	715	716	717	718	719	720	721
722	723	724	725	726	727	728	729	730	731	732	733	734	735	736	737
738	739	740	741	742	743	744	745	746	747	748	749	750	751	752	753
754	755	756	757	758	759	760	761	762	763	764	765	766	767	768	769
770	771	772	773	774	775	776	777	778	779	780	781	782	783	784	785
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818	819	820	821	822	823	824	825	826	827	828	829	830	831	832	833
834	835	836	837	838	839	840	841	842	843	844	845	846	847	848	849
850	851	852	853	854	855	856	857	858	859	860	861	862	863	864	865
866	867	868	869	870	871	872	873	874	875	876	877	878	879	880	881
882	883	884	885	886	887	888	889	890	891	892	893	894	895	896	897
898	899	900	901	902	903	904	905	906	907	908	909	910	911	912	913
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978	979	980	981	982	983	984	985	986	987	988	989	990	991	992	993
994	995	996	997	998	999	1000	1001	1002	1003	1004	1005	1006	1007	1008	1009
1010	1011	1012	1013	1014	1015	1016	1017	1018	1019	1020	1021	1022	1023	1024	1025
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1122	1123	1124	1125	1126	1127	1128	1129	1130	1131	1132	1133	1134	1135	1136	1137
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# Postcards & Brochures

## Form # 140p

 **Your Logo Here**

ADDRESS  
CITY, STATE, ZIP CODE  
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**.



 **Your Logo Here**


### 2024 EVERY-OTHER-WEEK COLLECTION CALENDAR

• Please Follow The **BLUE** Weeks For:  Garbage  Recycling  Yard Debris


• Please Follow The **WHITE** Weeks For:  Garbage  Recycling  Yard Debris

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
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Form 140p, 2/18

 **Your Logo Here**

ADDRESS  
CITY, STATE, ZIP CODE  
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	
REGISTERED OWNER	FLEET UNIT NUMBER
DATE	

VEHICLE IDENTIFICATION (IF AND COMPLETE)  LIC. PLATE NO.  VIN  OTHER

VEHICLE TYPE  TRACTOR  TRAILER  TRUCK  BUS  OTHER

ITEM	OK	Needs Repair	Item	OK	Needs Repair
<b>1. BRAKE SYSTEM</b>			<b>6. SAFE LOADING</b>		
a. Service Brakes			a. Vehicle parts, load, dunnage, spare tire, etc., secured.		
b. Parking Brake System			b. Front End Structure		
c. Brake Drums or Rotors			c. Intermodal Container Securement Devices		
d. Brake Hose			<b>7. STEERING MECHANISM</b>		
e. Brake Tubing			a. Steering Wheel Free Play		
f. Low Pressure Warning Device			b. Steering Column		
g. Tractor Protection Valve			c. Front Axle Beam/All Other Steering Components		
h. Air Compressor			d. Steering Gear/Box		
i. Electric Brakes			e. Pitman Arm		
j. Hydraulic Brakes			f. Power Steering		
k. Vacuum Systems			g. Ball and Socket Joints		
l. Antilock Brake System			h. Tie Rods and Drag Links		
m. Automatic Brake Adjusters			i. Nuts		
<b>2. COUPLING DEVICES</b>			j. Steering System		
a. Fifth Wheels			<b>8. SUSPENSION</b>		
b. Pintle Hooks			a. Axle Positioning Parts		
c. Drawbar/Towbar Eye			b. Spring Assembly		
d. Drawbar/Towbar Tongue			c. Torque, Radius or Tracking Components		
e. Safety Devices			<b>9. FRAME</b>		
f. Saddle-Mounts			a. Frame Members		
<b>3. EXHAUST SYSTEM</b>			b. Tire and Wheel Clearance		
a. No leaks forward of directly below the driver/sleeper compartment.			c. Adjustable Axle Assemblies (Sliding Subframes)		
b. Bus: No leaking/discharging in violation of standard.			<b>10. TIRES</b>		
c. Unlikely to burn, char, or damage the electrical wiring, fuel supply, or any combustible part of vehicle.			a. Steer-Axle Tires		
<b>4. FUEL SYSTEM</b>			b. All Other Tires		
a. No visible leak.			c. Speed-Restricted Tires		
b. Fuel Tank Filler Cap			<b>11. WHEELS AND RIMS</b>		
c. Fuel tank securely attached.			a. Lock or Side Ring		
<b>5. LIGHTING DEVICES</b>			b. Wheels and Rims		
All required lights/reflectors operable.			c. Fasteners		
			d. Welds		

**12. WINDSHIELD GLAZING**  
No cracks, discoloration, obstacles, etc. (see 393.60 for exceptions).

**13. WINDSHIELD WIPERS**  
No missing, damaged, or inoperable wipers.

**14. MOTORCOACH SEATS**  
Seats securely fastened to the vehicle structure.

**15. REAR IMPACT GUARD**  
In place, securely attached, proper size, proper placement (see 393.86).

**16. OTHER**  
List any other condition(s) which may prevent safe operation of this vehicle.

INSTRUCTIONS: MARK COLUMN ENTRIES TO VERIFY INSPECTION.  OK  X NEEDS REPAIR  NA IF ITEMS DO NOT APPLY. REPAIRED DATE

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

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3127 (Rev. 1/22)  
ORIGINAL

**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

Motor Carrier Operating Vehicle (if different from Owner)

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.

City, State, Zip Code Technician's Signature:

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	OK	Needs Repair	Repair Date	Item	OK	Needs Repair	Repair Date	Item
			<b>1. BRAKE SYSTEM</b>				<b>4. FUEL SYSTEM</b>				<b>8. FRAME</b>
			Service Brakes				Visible leak				Frame Members
			Parking Brake System				Fuel tank filler cap missing				Tire and Wheel Clearance
			Brake Drums or Rotors				Fuel tank securely attached				Adjustable Axle Assemblies (Sliding Subframes)
			Brake Hose								
			Brake Tubing				<b>5. LIGHTING DEVICES</b>				<b>10. TIRES</b>
			Low Pressure Warning Device				All lighting devices and reflectors required by Section 393 shall be operable.				Tire or any steering axle of a power unit.
			Tractor Protection Valve				<b>6. SAFE LOADING</b>				All other tires.
			Air Compressor				a. Parts of vehicle or condition of loading such that the gear box or any part of the load or damage can fall on the roadway.				<b>11. WHEELS AND RIMS</b>
			Electric Brakes				b. Protection against shifting cargo				Wheels and Rims
			Hydraulic Brakes				c. Container Securement Devices on Intermodal Equipment				Fasteners
			Vacuum Systems				<b>7. STEERING MECHANISM</b>				Welds
			AntiLock Brake				Steering Wheel Free Play				<b>12. WINDSHIELD GLAZING</b>
			Automatic Brake Adjustment				Steering Column				Requirements and exceptions as stated pertaining to any crack, discoloration or vision obscuring matter (reference 393.60 for exceptions).
			<b>2. COUPLING DEVICES</b>				Front side beam and ALL steering components other than steering column				<b>13. WINDSHIELD WIPERS</b>
			Fifth Wheels				Steering Gear Box				Any power unit that has an inoperative wiper, or missing or damaged parts that render it ineffective. List any other condition which may prevent safe operation of the vehicle.
			Pintle Hooks				Pitman Arm				<b>14. MOTORCOACH SEATS</b>
			Drawbar/Towbar Eye				Power Steering				Any passenger seat that is not securely fastened to the vehicle structure.
			Drawbar/Towbar Tongue				Ball and Socket Joints				<b>15. REAR IMPACT GUARD</b>
			Safety Devices				Tie Rods and Drag Links				Tires and seatbelts with a GVWR of 4,536 kg (10,000 lbs.) or more, manufactured on or after January 28, 1988 (see exceptions in §393.86(a)(1)). Commercial motor vehicles manufactured after December 31, 1992.
			Saddle-Mounts				Steering System				
			<b>3. EXHAUST SYSTEM</b>				Nuts				
			Any exhaust system determined to be leaking at a point forward of or directly below the driver/sleeper compartment.				Steering System				
			A hot exhaust system leaking or discharging to the atmosphere in violation of standards (1), (2), or (3).				<b>6. SUSPENSION</b>				
			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.				Any lock(s), spring hanger(s), or other side positioning parts) cracked, broken, loose or missing resulting in shifting of an axle from its normal position.				
							Spring Assembly				
							Torque, Radius, or Tracking Components				

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: \_\_\_\_\_

3127 (Rev. 1/22)  
dorec@northstarforms.com (877) 499-0492 Form# 400FS3.0205

**B** Annual Periodic Vehicle Inspection Report

# 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

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

YEAR: \_\_\_\_\_ 2023  2024  2025

COMPANY/NAME \_\_\_\_\_

STREET \_\_\_\_\_

CITY, STATE, ZIP CODE \_\_\_\_\_

TELEPHONE \_\_\_\_\_ MOTOR CARRIER IDENTIFICATION NUMBER \_\_\_\_\_

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

FLEET UNIT \_\_\_\_\_ VEHICLE ID. \_\_\_\_\_ LICENSE/REGISTRATION NUMBER \_\_\_\_\_

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

1340 (Rev. 8/22)

**D** Annual Vehicle Inspection Label

# Annual Reports

## Form # 3136

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

DATE: \_\_\_\_\_  
VIN: D0000000

VEHICLE TYPE:  TRUCK  TRACTOR  TRAILER  CONVERTIBLE  OTHER

VEHICLE MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ YEAR: \_\_\_\_\_

VEHICLE REGISTRATION (Check box, See Section 9.0):  
 STATE  FEDERAL  OTHER

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

SHAKES	EXHAUST	STEERING	FRAME
Adjustment	Leaks	Adjustment	Members
Excessive Compton	Pipes/stack	Column/Steer	Distortion
Cracks/Rails	<b>LIGHTING</b>	Auto	Tray Impact Guard
Worn/Taking	Headlights	Linkage	Tray Impact Guard
Lights	Tail/Stop	Steering Assembly	Tray
Lighting System	Classroom/Master	Other	Indicator
Automatic Adjusts	Identification	<b>FUEL SYSTEM</b>	Exhaust
Low Oil Warning	Reflectors	Tank(s)/Cap(s)	Speed Sensitive
Tractor Air Switch	Other	Lines	Other
Commercial			
Parity Brake	<b>CAB/BODY</b>	<b>SUSPENSION</b>	<b>WHEELS/RIM</b>
Other	Air-line	Springs	Fatigue
	Light/Label Mount	Adjustments	Distortion
	Top Guard	Other	
<b>COMPLETS</b>	Headboard	<b>MIRRORS</b>	<b>WINDSHIELD</b>
Fit/Wheel & Valve	Identification/Label		Wipe
Pin/Seal/Plate	Other		
Pop/Break/Eat			
Empty (Check)			

REMARKS: \_\_\_\_\_

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

INSPECTOR'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

APPLY LABEL TO A CLEAN, DRY SURFACE. USE WITH AN OVERLAMINATE (2422) TO IMPROVE DURABILITY UNDER NORMAL WEATHER CONDITIONS.

AN INDELIBLE INK MARKER IS RECOMMENDED FOR USE WHEN FILLING OUT THE LABEL. INDELIBLE 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 WHICH ELEMENTS AND IT IS RECOMMENDED THAT THE READABILITY OF THE LABEL BE CHECKED PERIODICALLY.

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E Record of Annual Inspection

## Form # 15048

**ANNUAL VEHICLE INSPECTION REPORT**

VEHICLE IDENTIFICATION NUMBER: \_\_\_\_\_ FLEET UNIT NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_

INSPECTOR'S SIGNATURE: \_\_\_\_\_

VEHICLE TYPE:  TRUCK  TRACTOR  TRAILER  OTHER

VEHICLE MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ YEAR: \_\_\_\_\_

VEHICLE REGISTRATION (Check box, See Section 9.0):  
 STATE  FEDERAL  OTHER

**VEHICLE COMPONENTS INSPECTED**

VEHICLE COMPONENTS	YEAR	INSPECTED	DATE	BY	YEAR
<b>1. BRAKE SYSTEM</b>					
a. Service Brakes					
b. Parking Brake System					
c. Brake Discs or Pads					
d. Brake Shoes					
e. Brake Tubing					
f. Low Pressure Warning Device					
g. Tractor Protection Valve					
h. Air Compressor					
i. Electric Brakes					
j. Hydraulic Brakes					
k. Vacuum System					
l. Automatic Brake System					
m. Automatic Brake System					
<b>2. LIGHTS</b>					
a. All Lights					
b. Light Hoods					
c. Light Shields					
d. Light Covers					
e. Light Sockets					
f. Light Wiring					
g. Light Mounting					
h. Light Enclosure					
i. Light Lens					
j. Light Housing					
k. Light Reflector					
l. Light Mounting					
m. Light Enclosure					
n. Light Lens					
o. Light Housing					
p. Light Reflector					
q. Light Mounting					
r. Light Enclosure					
s. Light Lens					
t. Light Housing					
u. Light Reflector					
v. Light Mounting					
w. Light Enclosure					
x. Light Lens					
y. Light Housing					
z. Light Reflector					
aa. Light Mounting					
ab. Light Enclosure					
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cy. Light Enclosure					
cz. Light Lens					
cz. Light Housing					
cz. Light Reflector					
cz. Light Mounting					
cz. Light Enclosure					

**VEHICLE IDENTIFICATION**

VEHICLE IDENTIFICATION NUMBER: \_\_\_\_\_ FLEET UNIT NUMBER: \_\_\_\_\_

DATE: \_\_\_\_\_

INSPECTOR'S SIGNATURE: \_\_\_\_\_

VEHICLE MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ YEAR: \_\_\_\_\_

VEHICLE REGISTRATION (Check box, See Section 9.0):  
 STATE  FEDERAL  OTHER

**VEHICLE COMPONENTS INSPECTED**

1. BRAKE SYSTEM  
a. Service Brakes  
b. Parking Brake System  
c. Brake Discs or Pads  
d. Brake Shoes  
e. Brake Tubing  
f. Low Pressure Warning Device  
g. Tractor Protection Valve  
h. Air Compressor  
i. Electric Brakes  
j. Hydraulic Brakes  
k. Vacuum System  
l. Automatic Brake System  
m. Automatic Brake System

2. LIGHTS  
a. All Lights  
b. Light Hoods  
c. Light Shields  
d. Light Covers  
e. Light Sockets  
f. Light Wiring  
g. Light Mounting  
h. Light Enclosure  
i. Light Lens  
j. Light Housing  
k. Light Reflector  
l. Light Mounting  
m. Light Enclosure  
n. Light Lens  
o. Light Housing  
p. Light Reflector  
q. Light Mounting  
r. Light Enclosure  
s. Light Lens  
t. Light Housing  
u. Light Reflector  
v. Light Mounting  
w. Light Enclosure  
x. Light Lens  
y. Light Housing  
z. Light Reflector  
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ab. Light Enclosure  
ac. Light Lens  
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ae. Light Reflector  
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ag. Light Enclosure  
ah. Light Lens  
ai. Light Housing  
aj. Light Reflector  
ak. Light Mounting  
al. Light Enclosure  
am. Light Lens  
an. Light Housing  
ao. Light Reflector  
ap. Light Mounting  
aq. Light Enclosure  
ar. Light Lens  
as. Light Housing  
at. Light Reflector  
au. Light Mounting  
av. Light Enclosure  
aw. Light Lens  
ax. Light Housing  
ay. Light Reflector  
az. Light Mounting  
ba. Light Enclosure  
bb. Light Lens  
bc. Light Housing  
bd. Light Reflector  
be. Light Mounting  
bf. Light Enclosure  
bg. Light Lens  
bh. Light Housing  
bi. Light Reflector  
bj. Light Mounting  
bk. Light Enclosure  
bl. Light Lens  
bm. Light Housing  
bn. Light Reflector  
bo. Light Mounting  
bp. Light Enclosure  
bq. Light Lens  
br. Light Housing  
bs. Light Reflector  
bt. Light Mounting  
bu. Light Enclosure  
bv. Light Lens  
bv. Light Housing

# 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.

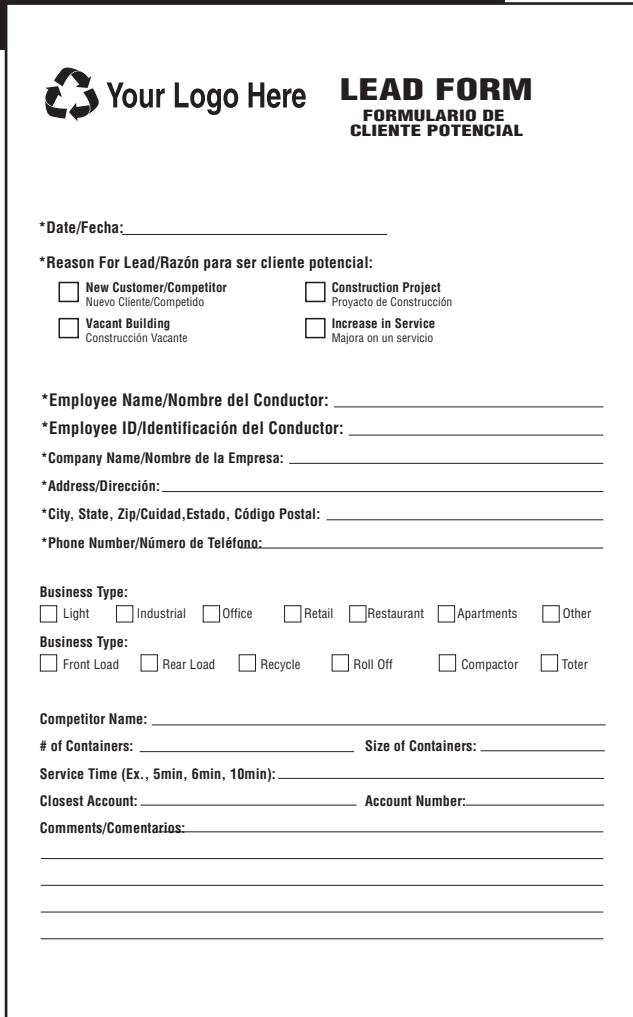
**INFORMACION PARA SU DIA DE COLECCION**

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

New Customer/Competitor (Nuevo Cliente/Competido)  Construction Project (Proyecto de Construcción)

Vacant Building (Construcción Vacante)  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/Cuidad, 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: \_\_\_\_\_

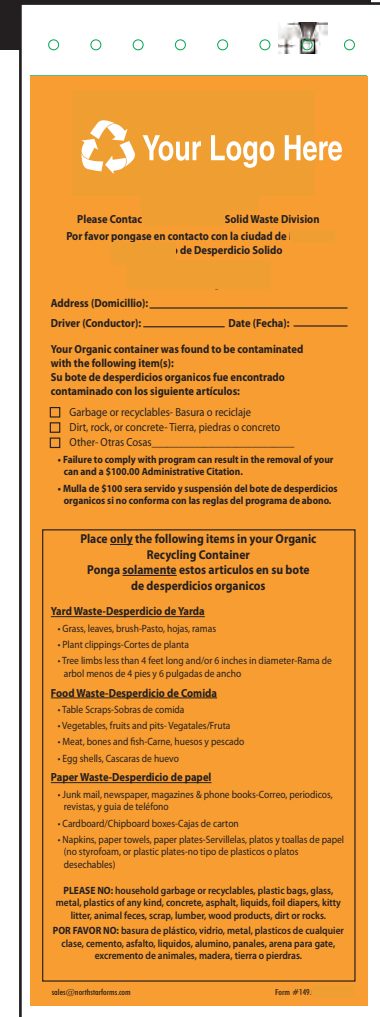
Service Time (Ex., 5min, 6min, 10min): \_\_\_\_\_

Closest Account: \_\_\_\_\_ Account Number: \_\_\_\_\_

Comments/Comentarios: \_\_\_\_\_

**B** Lead Form (Spanish)

## Form # 149



**Your Logo Here**

Please Contact Solid Waste Division  
Por favor póngase 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:

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.  
• 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, asfaltos, líquidos, aluminio, panales, 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

## Form # 261

 Your Logo Here

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

Truck # / Camion #: \_\_\_\_\_ Date / Fecha: \_\_\_\_\_  
 Mileage Start / Milla Al Comenzar: \_\_\_\_\_ Mileage Finish / Milla Al Terminar: \_\_\_\_\_

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

1 Tires / Llantas	22 Damage / Daños	36 Fuel Flaps / Papeles	41 Check Cameras/Revisar Cámaras
2 Wheel-Caps & Nuts / Ruedas-Pernos Y Tuercas	23 Frame Crack (Other) / Quebraduras de Chasis	37 PTO System/Foro De Freno	
3 Steering Gear Oil / Playaja De Direccion	24 Defroster / Descongelador	38 Water Container on Board/Contenedor de Agua	
4 Springs / Muelles	25 Heater / Calentador	39 Fire Extinguisher / Extintador De Incendios	
5 Wheel Seals / Sellos de Llantas	26 Oil Pressure / Presion Del Aceite	40 Refractors / Reflectores	
6 Brakes (Front) / Frenos (del Del)	27 Speedometer / Gauge(s) / Velocimetro / Indicadores		
7 Brakes (Parking) / Frenos (De Estacionamiento)	28 Horn, Swhabell / Bocina, Cinturon de Seguridad		
8 Drain Air Tank / Vaciar El Tanque De Ace	29 Rear View Mirror / Espejo De Retrovision		
9 Air Lines (Hoses) / Líneas De Aire (Mangueras)	30 Windshield Wiper / Limpador De Parabrisas		
10 Pinhead & Lining Device Control/Control de Mecanica de la Tralla	31 Clean Out Cab / Asear La cabina		
11 License Plates & Registration / Placas y registracion	32 Check Glass / Revisar Vidrio		
12 Wheel Chocks / Tope 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 / Extintador De Incendios		
16 Drive Line / Flecha Cardan	37 Refractors / Reflectores		
17 Engine Belts / Bandas Del Motor	38 Mud Flaps / Papeles		
18 Check Choke/Solenoid Spring / Check por Horno en el Etalon	39 PTO System/Foro De Freno		
19 Fuel Leaks (Oil) / Agujeros de Combustible (Todos)	40 Water Container on Board/Contenedor de Agua		
20 Hoses (Air) / 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 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? Depresin de Pedal (1 min.) \_\_\_\_\_  
 Agente de Lado \_\_\_\_\_ P.S.I. Frenado @ \_\_\_\_\_ P.S.I. Asapago @ \_\_\_\_\_ 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 #: \_\_\_\_\_

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

**INBOUND**

LEFT SIDE	RIGHT SIDE
TRUCK	TRUCK
TRAILER	TRAILER
TRUCK	TRUCK
TRAILER	TRAILER

**OUTBOUND**


LEFT SIDE	RIGHT SIDE
TRUCK	TRUCK
TRAILER	TRAILER
TRUCK	TRUCK
TRAILER	TRAILER

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

**D** Driver's Daily Inspection Sheet (English/Spanish)

 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 corté 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 pérdida 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

**E** Pre- Post- Trip Form (English/Spanish)





# 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 contantemente 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.



J Contamination Notice (English/Spanish)