

**SIDE X SIDE**

Date \_\_\_\_\_ Unit # \_\_\_\_\_

Hour meter reading \_\_\_\_\_

Employee Name \_\_\_\_\_ Signature \_\_\_\_\_

**GENERAL WORKING CONDITION OF VEHICLE:**

|                            | WC                       | NR                       |
|----------------------------|--------------------------|--------------------------|
| Tires                      | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments _____             |                          |                          |
| Windshield (if Applicable) | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments _____             |                          |                          |
| Oil Level                  | <input type="checkbox"/> | <input type="checkbox"/> |
| Transmission fluid         | <input type="checkbox"/> | <input type="checkbox"/> |
| Hydraulic Oil              | <input type="checkbox"/> | <input type="checkbox"/> |
| Coolant level (Cold)       | <input type="checkbox"/> | <input type="checkbox"/> |
| Brake Fluid                | <input type="checkbox"/> | <input type="checkbox"/> |
| Air Filters                | <input type="checkbox"/> | <input type="checkbox"/> |
| Lights                     | <input type="checkbox"/> | <input type="checkbox"/> |

**SAFETY SUPPLIES:**

|                            |                          |                          |
|----------------------------|--------------------------|--------------------------|
| Fire Extinguisher          | <input type="checkbox"/> | <input type="checkbox"/> |
| First Aid Kit (From Truck) | <input type="checkbox"/> | <input type="checkbox"/> |

**360 Walk Around - Daily**

Other Comments or items that need attention/repaired on vehicle \_\_\_\_\_

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

\*\*\* WC = Working Condition

\*\*\*NR = Needs Repair

**TRAILER**

Date \_\_\_\_\_ Unit # \_\_\_\_\_

Employee Name \_\_\_\_\_ Signature \_\_\_\_\_

**GENERAL WORKING CONDITION OF TRAILER:**

|                | WC                       | NR                       |
|----------------|--------------------------|--------------------------|
| Tires          | <input type="checkbox"/> | <input type="checkbox"/> |
| Comments _____ |                          |                          |
| Safety chains  | <input type="checkbox"/> | <input type="checkbox"/> |
| Registration   | <input type="checkbox"/> | <input type="checkbox"/> |
| Ramp/Latches   | <input type="checkbox"/> | <input type="checkbox"/> |
| Wood floor     | <input type="checkbox"/> | <input type="checkbox"/> |
| Straps         | <input type="checkbox"/> | <input type="checkbox"/> |
| Lights         | <input type="checkbox"/> | <input type="checkbox"/> |

**360 Walk Around - Daily**

Other Comments or items that need attention/repared on trailer \_\_\_\_\_

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

\*\*\* WC = Working Condition  
\*\*\*NR = Needs Repair