

SERVICE & CYLINDER TRUCK VEHICLE INSPECTION REPORT

Propane Servicer: _____ Vehicle ID#: _____ TR#: _____

Bulk Plant Location: _____ Date: ____/____/____

Service Vehicle Cylinder Vehicle Odometer Reading: _____

THIS VEHICLE PASSES ALL CHECKS BELOW _____

(Driver Signature)

- | | | |
|---|--|---|
| <input type="checkbox"/> Battery | <input type="checkbox"/> Front Axle | <input type="checkbox"/> Reflective Triangles |
| <input type="checkbox"/> Body | <input type="checkbox"/> Fuel Tanks | <input type="checkbox"/> Spare Bulbs/Fuses |
| <input type="checkbox"/> Air Compressor | <input type="checkbox"/> Alternator | <input type="checkbox"/> Spare Seal Beam |
| <input type="checkbox"/> Air Lines | <input type="checkbox"/> Horn | <input type="checkbox"/> Suspension |
| <input type="checkbox"/> Brake Lines | <input type="checkbox"/> Headlights | <input type="checkbox"/> Starter |
| <input type="checkbox"/> Brakes, Parking | <input type="checkbox"/> Tail Lights | <input type="checkbox"/> Steering |
| <input type="checkbox"/> Brakes, Service | <input type="checkbox"/> Turn Signals | <input type="checkbox"/> Tachograph |
| <input type="checkbox"/> Clutch | <input type="checkbox"/> Other Lights | <input type="checkbox"/> Tires & Rims |
| <input type="checkbox"/> Coupling Equipment | <input type="checkbox"/> Mirrors | <input type="checkbox"/> Placards/Markings |
| <input type="checkbox"/> Defroster/Heater | <input type="checkbox"/> Exhaust | <input type="checkbox"/> Tire Chains |
| <input type="checkbox"/> Drive Line | <input type="checkbox"/> Oil Pressure | <input type="checkbox"/> Transmission |
| <input type="checkbox"/> Belts | <input type="checkbox"/> Radiator | <input type="checkbox"/> Windows |
| <input type="checkbox"/> Hoses | <input type="checkbox"/> Radio/Telephone Com | <input type="checkbox"/> Windshield Wipers |
| <input type="checkbox"/> Fluids | <input type="checkbox"/> Rear End | |
| <input type="checkbox"/> Fifth Wheel/Hitch | <input type="checkbox"/> Reflectors | |
| <input type="checkbox"/> Frame & Assembly | <input type="checkbox"/> Fire Extinguisher | |

SERVICE VEHICLE

- | | | |
|---|--|--|
| <input type="checkbox"/> Compartments/Latches | <input type="checkbox"/> Cranes & Winches | <input type="checkbox"/> Fuel Containers |
| <input type="checkbox"/> Bed | <input type="checkbox"/> Tail Gate/Lift Gate | <input type="checkbox"/> Tools of Trade |
| <input type="checkbox"/> Securing Devices | <input type="checkbox"/> Ropes, Chains, Slings | |

CYLINDER VEHICLE

- | | | |
|---|--|--|
| <input type="checkbox"/> Racks | <input type="checkbox"/> Cranes & Winches | <input type="checkbox"/> Hand Trucks-Secured |
| <input type="checkbox"/> Bed & Sidewalls | <input type="checkbox"/> Tail Gate/Lift Gate | <input type="checkbox"/> Tools of Trade |
| <input type="checkbox"/> Securing Devices | <input type="checkbox"/> Ropes, Chains, Slings | |

This section is used only if there are reportable defects:

Defects Noted:	Date Defects Corrected:
_____	____/____/____
_____	____/____/____
_____	____/____/____

This vehicle is safe to operate although the above defects were noted (Mechanic must sign)

Maintenance Mechanic's Signature: _____ Date: ____/____/____

Driver's Signature (Sign only if defects listed): _____ Date: ____/____/____

* Compliance dates vary. Check current regulations.

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For Reorder Contact: Propane Resources. Phone: 913-262-0589