

ONLINENW VEHICLE AND TOOL INSPECTION

Employee Name: _____ Date: _____

Supervisor: _____ Vehicle License # _____

VEHICLE INSPECTION

Odometer Working: Yes / No			Odometer / Hour Reading:					
Tires	ITEM	GOOD TREAD	FAIR TREAD	POOR TREAD	UNEVEN WEAR	TIRE PRESSURE	SIDEWALL & OTHER DAMAGE	
	Left Front							
	Right Front							
	Right Rear							
	Left Rear							
	Spare							
Glass	<input type="checkbox"/> No Damage on Windshield				Check the box to describe the damage: Scratch: <input type="checkbox"/> Crack: <input type="checkbox"/> Chip: <input type="checkbox"/> Break: <input type="checkbox"/>			
	Other Glass Damage - Location & Type: _____							
Mechanical	Engine	Smooth: <input type="checkbox"/> Rough: <input type="checkbox"/> Burns Oil: <input type="checkbox"/> Other: <input type="checkbox"/> Fluid Level: _____						
	Transmission	Smooth: <input type="checkbox"/> Slips: <input type="checkbox"/> Leaks Oil: <input type="checkbox"/> Other: <input type="checkbox"/> Fluid Level: _____						
	Brakes	Quiet: <input type="checkbox"/> Noisy: <input type="checkbox"/> Pull to Side: <input type="checkbox"/> Other: <input type="checkbox"/> Fluid Level: _____						
	Front End & Steering	Okay: <input type="checkbox"/> Needs aligning/tightening: <input type="checkbox"/> Pull to Side: <input type="checkbox"/> Other: <input type="checkbox"/> Fluid Level: _____						
	Hydraulic Fluid	Fluid Level: _____						
	Other: (Radiator, Air Conditioner, Muffler, etc.) _____							
Metal and Paint	ITEM	NO DAMAGE	DENTED	RUSTED	FADED	CHIPPED	SCRATCHED	OTHER
	Top of Truck/Van							
	Engine Hood/Grill							
	Front Bumper							
	Rear Bumper							
	Front Right Fender							
	Front Left Fender							
	Rear Right Fender							
	Rear Left Fender							
	Right Door							
	Left Door							
	Right Side Van							
	Left Side Van							
	Tool Bins							
Ladder Racks (bolts, arms, slides, pivot points, ladder secure when loaded)								
Interior	ITEM	INSPECTION			COMMENTS			
	Cab							
	Mirrors							
	First Aid Kits							
	Fire Extinguisher							
	Seat Belts							
Other	ITEM	WORKING ORDER		ITEM	WORKING ORDER		DATE & MILEAGE FOR NEXT OIL CHANGE	
	Lights	Yes <input type="checkbox"/>	No <input type="checkbox"/>	W. Wipers	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	Horn	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Speedometer	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	Gauges	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Outside Mirror	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	Proper Chains	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Logos	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	Defrost / Heater	Yes <input type="checkbox"/>	No <input type="checkbox"/>					
Vehicle	Accident Reporting Packet		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Comments: SUPERVISOR:			
	Vehicle Registration		Yes <input type="checkbox"/>	No <input type="checkbox"/>				
	Vehicle Insurance Card		Yes <input type="checkbox"/>	No <input type="checkbox"/>				
	Tags on License Plate		Yes <input type="checkbox"/>	No <input type="checkbox"/>				

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TOOL AND EQUIPMENT INSPECTION

LADDERS			
TYPE	CONSTRUCTION	CONDITION BAD/GOOD	NEEDS REPAIR / REPLACEMENT
Extension #1			
Extension #2			
Step			
CLIMBING EQUIPMENT			
DESCRIPTION		CONDITION BAD/GOOD	NEEDS REPAIR / REPLACEMENT
Body Belt			
Safety Strap			
Climbers			
Straps			
Pads			
Walkie Talkies			
FALL RESTRAINT EQUIPMENT			
DESCRIPTION		CONDITION BAD/GOOD	NEEDS REPAIR / REPLACEMENT
Harness			
Lanyard & Shock Absorber			
Rope Grab			
Rope Grab			
ELECTRONIC TOOLS AND TESTING EQUIPMENT			
DESCRIPTION		CONDITION BAD/GOOD	NEEDS REPAIR / REPLACEMENT
Laptop			
Digital Meter (Super Buddy)			
Other			
MISCELLANEOUS EQUIPMENT			
DESCRIPTION		CONDITION BAD/GOOD	NEEDS REPAIR / REPLACEMENT
Hard Hat / Liner			
Gloves			
Safety Glasses			
Misc. Hand Tools			
List any tools that are defective:			