

## TRAILER INSPECTION REPORT

COMPANY: \_\_\_\_\_

TRAILER NO. _____	MAKE: _____	YEAR: _____	DRIVER: _____
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TYPE: <input type="checkbox"/> VAN <input type="checkbox"/> TANK <input type="checkbox"/> FLATBED <input type="checkbox"/> REFRIGERATED <input type="checkbox"/> OPEN TOP	OTHER: (Describe) _____
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**MARK CLEARLY ALL DAMAGE FOUND DURING INSPECTION: "B"-Bruise; "C"-Cut; "H"-Hole; "D"-Dent; "M"-Missing.**

<p><b>INBOUND</b></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>LEFT SIDE</p> <div style="border: 1px solid black; width: 100%; height: 30px; margin-bottom: 5px;"></div> <p>TOP</p> <div style="border: 1px solid black; width: 100%; height: 30px; margin-bottom: 5px;"></div> <p>RIGHT SIDE</p> <div style="border: 1px solid black; width: 100%; height: 30px; margin-bottom: 5px;"></div> </div> <div style="width: 10%;"> <p>FLOOR</p> <div style="border: 1px solid black; width: 100%; height: 30px; margin-bottom: 5px;"></div> </div> <div style="width: 40%;"> <p>FRONT</p> <div style="border: 1px solid black; width: 100%; height: 30px; margin-bottom: 5px;"></div> <p>REAR</p> <div style="border: 1px solid black; width: 100%; height: 30px; margin-bottom: 5px;"></div> </div> </div> <p>DESCRIPTION _____</p> <p>_____</p> <p>_____</p>	<p><b>OUTBOUND</b></p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>LEFT SIDE</p> <div style="border: 1px solid black; width: 100%; height: 30px; margin-bottom: 5px;"></div> <p>TOP</p> <div style="border: 1px solid black; width: 100%; height: 30px; margin-bottom: 5px;"></div> <p>RIGHT SIDE</p> <div style="border: 1px solid black; width: 100%; height: 30px; margin-bottom: 5px;"></div> </div> <div style="width: 10%;"> <p>FLOOR</p> <div style="border: 1px solid black; width: 100%; height: 30px; margin-bottom: 5px;"></div> </div> <div style="width: 40%;"> <p>FRONT</p> <div style="border: 1px solid black; width: 100%; height: 30px; margin-bottom: 5px;"></div> <p>REAR</p> <div style="border: 1px solid black; width: 100%; height: 30px; margin-bottom: 5px;"></div> </div> </div> <p>DESCRIPTION _____</p> <p>_____</p> <p>_____</p>
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**MARK EACH ITEM WITH A ✓ AS "OK" OR "NEEDS REPAIR".**

INBOUND		OUTBOUND		ITEM	INBOUND		OUTBOUND		ITEM
O.K.	NEEDS REPAIR	O.K.	NEEDS REPAIR		O.K.	NEEDS REPAIR	O.K.	NEEDS REPAIR	
				<b>FRONT</b>					<b>RIGHT SIDE</b>
				1. Electric & Air Connections					25. Reflectors
				2. Headerboard					26. Wheels & Lugs
				3. 5th Wheel Plate & Kingpin					27. Brakes
				4. Lights					28. Tires
				5. Other					29. Lights
				<b>LEFT SIDE</b>					30. Landing Gear
				6. Landing Gear					31. Other
				7. Lights					<b>UNDERSIDE</b>
				8. Tires					32. Frame & Crossmembers
				9. Brakes					33. Springs & U-Bolts
				10. Wheels & Lugs					34. Electrical Wiring
				11. Reflectors					35. Airlines & Hoses
				12. Other					36. Spare Tire, Rack & Chains
				<b>REAR</b>					37. Brakes
				13. Lights					38. Other
				14. Stop, Turn & Tail Lights					<b>TANK (IF APPLICABLE)</b>
				15. Reflectors					39. Cables
				16. Mud Flaps					40. Dome & Gaskets
				17. Rear Bumper					41. Valves External
				18. Doors & Latches					42. Valves Internal
				19. Other					43. Other
				<b>INTERIOR (IF APPLICABLE)</b>					<b>REFRIG. UNIT (IF APPL.)</b>
				20. Floor					44. Fuel Level
				21. Sides					45. Oil Level
				22. Roof					46. Belts
				23. Special Equipment					47. Hoses & Cables
				24. Other					48. Other

OUTBOUND INSPECTED BY: _____	OUTBOUND TERMINAL: _____	OUTBOUND DATE: _____
INBOUND INSPECTED BY: _____	INBOUND TERMINAL: _____	INBOUND DATE: _____