

# OPERATOR'S DAILY INSPECTION REPORT

COMPLETION OF THIS REPORT REQUIRED EVERYTIME THE EQUIPMENT IS USED. ALL REPORTS MUST BE IN OFFICE AT END OF DAY.

IF OPERATING OUT OF TOWN, A PICTURE MUST BE SENT IN OF THIS REPORT AT END OF SHIFT. FORM TO BE SUBMITTED APON RETURN TO SITE.

UNIT NO. \_\_\_\_\_ START KMS: \_\_\_\_\_ TIME START: \_\_\_\_\_ CURRENT HOURS: \_\_\_\_\_

LOCATION: \_\_\_\_\_ FINISH KMS: \_\_\_\_\_ TIME FINISH: \_\_\_\_\_ END UNIT HOURS: \_\_\_\_\_

## POWER UNIT

### EXTERIOR GENERAL CONDITION

PRE POST

- ☐ ☐ CAB/DOORS/WINDOWS
- ☐ ☐ BODY/DOORS
- ☐ ☐ OIL LEAKS \_\_\_\_\_
- ☐ ☐ GREASE LEAKS \_\_\_\_\_
- ☐ ☐ COOLANT LEAKS \_\_\_\_\_
- ☐ ☐ FUEL LEAKS \_\_\_\_\_
- ☐ ☐ OTHER \_\_\_\_\_
- ☐ ☐ LIGHTS
- ☐ ☐ REFLECTORS
- ☐ ☐ SUSPENSION
- ☐ ☐ TIRES
- ☐ ☐ WHEELS/RIMS/LUGS
- ☐ ☐ EXHAUST
- ☐ ☐ BRAKES
- ☐ ☐ BRAKE LINES
- ☐ ☐ WIRING HARNESS

### ENGINE COMPARTMENT

PRE POST

- ☐ ☐ OIL LEVEL
- ☐ ☐ COOLANT LEVEL
- ☐ ☐ BATTERY
- ☐ ☐ BELTS \_\_\_\_\_
- ☐ ☐ OTHER \_\_\_\_\_

(IDENTIFY)

### IN-CAB

PRE POST

- ☐ ☐ GAUGES/WARNING INDICATORS
- ☐ ☐ WINDSHIELD/WIPERS/WASHERS
- ☐ ☐ HORNS
- ☐ ☐ HEATER/DEFROSTER
- ☐ ☐ MIRRORS
- ☐ ☐ STEERING
- ☐ ☐ PARKING BRAKES
- ☐ ☐ TRIANGLES
- ☐ ☐ FIRE EXTINGUISHER
- ☐ ☐ FIRST AID KIT
- ☐ ☐ SEAT BELTS
- ☐ ☐ SPARE FUSES
- ☐ ☐ SIGNALS
- ☐ ☐ FREE OF DEBRIS
- ☐ ☐ OTHER SAFETY EQUIPMENT
- ☐ ☐ OTHER \_\_\_\_\_

(IDENTIFY)

***AT THE END OF EVERY SHIFT:  
POST TRIP WILL BE COMPLETED.  
UNIT WILL BE DRAINED.  
FILTER WILL BE CLEANED.  
ALL REQUIRED ITEMS FOR THE  
NEXT DAYS JOB WILL BE LOADED.***

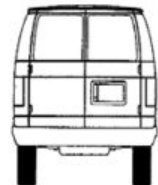
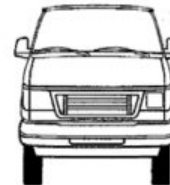
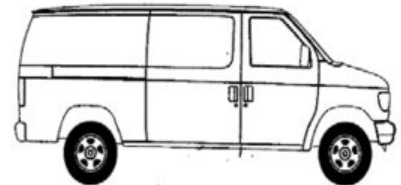
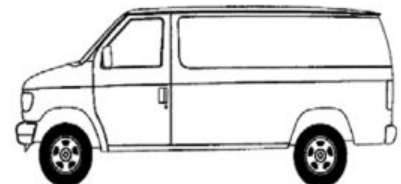
### EXTERIOR

PRE POST

- ☐ ☐ NEW BODY DAMAGE

(IDENTIFY)

PLEASE NOTE ON DIAGRAM S=SCRATCH D=DENT O=OTHER NA=NOT APPLICABLE



☐ NO DEFECTS

## CLEANING UNIT

### MACHINE GENERAL CONDITION

PRE POST

- ☐ ☐ DRAIN VALVE
- ☐ ☐ CONNECTIONS \_\_\_\_\_
- ☐ ☐ LEAKS \_\_\_\_\_
- ☐ ☐ BELTS \_\_\_\_\_
- ☐ ☐ BEARINGS GREASED \_\_\_\_\_
- ☐ ☐ FILTER \_\_\_\_\_
- ☐ ☐ OTHER \_\_\_\_\_

### ACCESSORIES

PRE POST

- ☐ ☐ WATER LINES \_\_\_\_\_
- ☐ ☐ DRAIN HOSE \_\_\_\_\_
- ☐ ☐ HOSES \_\_\_\_\_
- ☐ ☐ HOSE REEL \_\_\_\_\_
- ☐ ☐ PRESSURE LINES \_\_\_\_\_
- ☐ ☐ PRESSURE GUN \_\_\_\_\_
- ☐ ☐ SQUEEGEE WAND \_\_\_\_\_
- ☐ ☐ CARPET WAND \_\_\_\_\_
- ☐ ☐ PUMP SPRAY \_\_\_\_\_

### SUPPLY PACKING

PRE POST

- ☐ ☐ POLY \_\_\_\_\_
- ☐ ☐ PISTOL GRIP \_\_\_\_\_
- ☐ ☐ CHEMICALS \_\_\_\_\_
- ☐ ☐ HOSE REEL \_\_\_\_\_
- ☐ ☐ BLOWERS \_\_\_\_\_
- ☐ ☐ CARPET SUPPLIES \_\_\_\_\_
- ☐ ☐ WAX \_\_\_\_\_
- ☐ ☐ OTHER \_\_\_\_\_

☐ NO DEFECTS

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

REPORTING OPERATOR: \_\_\_\_\_ DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

CO OPERATOR: \_\_\_\_\_

***BY SIGNING THE ABOVE FORM, THE OPERATOR IS CONFIRMING THAT THEY HAVE REPORTED ALL DEFECTS.  
UNREPORTED DAMAGE OR DEFECTS WILL HAVE SEVERE CONSEQUENCES.***