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Inspection Date	Name of Inspecting Person (Print)	Odometer Meter	Truck/Trailer Failings/Notes	Truck/Trailer O.K.	Truck/Trailer Defectiv
Inspection Time	Truck/Trailer#				

3 As necessary

| ✓/X | PRE-INSPECTION | | | ENGINE COMPARTMENT | | | | | | CAB | | | | | | | | | | | | | | | LIGHTS | | | | | | | | | WALK-AROUND | | | | | | | | | | | | | | |