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Compactor Truck Pre-Inspection

Inspection Details

Report #: _____

Location: _____

Inspection Date: _____

Inspector Name: _____

Fleet Details

Fleet # : _____

Fleet Category : _____

Fleet Name : _____

VIN #: _____

Meter Reading: _____

Model/Year: _____

INSPECT APPEARANCE CONDITION

SN	Inspection Item	Note	Good	Repair	Replace	NA
1	Check body condition		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Check tire inflation		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Visual check rims, wheel lug nuts		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Check steps and grab handles		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Check for indications of oil leaks		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Check mirrors and glass		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Check hydraulic tank and gauge		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Check front, rear and marker lights		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Check fuel tank		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Check for hydraulic leaks		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Check work spot lights		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AT THE END OF SHIFT

SN	Inspection Item	Note	Yes	No	NA

12	Fill fuel tank		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Turn off master switch		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Turn off all lights and accessories		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Check for indications of leaks		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Clean cab		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SAFETY EQUIPMENT

SN	Inspection Item	Note	Good	Repair	Replace	NA
17	Check fire extinguisher		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Check first aid kit		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AFTER STARTING

SN	Inspection Item	Note	OK	Faulty	NA
19	Check back up alarm		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Check all gauges esp. oil and temperature		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Check windshield washer operation		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	Check brakes		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	Check horn		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	Check back up camera if applicable		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	Check heater, window defroster		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	Check mirror alignment		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	Check hydraulics operation		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Note	

Overall Condition:

Fleet Safe to Use:

Maintenance Priority:

Deployed:

Signature



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