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Vacuum Truck Prestart Checklist

Inspection Details

Report #: _____
 Location: _____
 Inspection Date: _____
 Inspector Name: _____

Fleet Details

Fleet # : _____
 Fleet Category : _____
 Fleet Name : _____
 VIN #: _____
 Meter Reading: _____
 Model/Year: _____

RUNNING GEAR

SN	Inspection Item	Note	Pass	Fail	NA
1	Tires / Wheels.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Brakes.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Parking Brake.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AIR / WATER SYSTEM

SN	Inspection Item	Note	Pass	Fail	NA
4	Water Valves.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Water Pump.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Air Compressor.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Air Connections Secure.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Hoses Not leaking.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Water Tank Not Leaking.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Vacuum Pressure.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	4 Log Valve Operation.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Safety Valve Operation.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

13	Gerni Operations.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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CAB

SN	Inspection Item	Note	Pass	Fail	NA
14	Operator and Maintenance Manual.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Logbook / Service Records Checked.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Instructions on Outrigger Use.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Cleanliness.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Door Operates.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Deadman Pedal / Switch.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Handrails and Ladders Secure.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Seat / Seat Belt.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	Radio Fitted / Supplied.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	First Aid Kit, Triangle and Reflectors.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	All Alarms / Warning Devices.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	Instruments Labelled and Operational.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	Water / Air Controls.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	Pedals.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	Air Conditioning.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	Wipers / Washers.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	All Mirrors.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31	Windows.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	Fire Extinguisher Charged.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VEHICLE BODY

SN	Inspection Item	Note	Pass	Fail	NA
33	Clean / Free from Debris.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ENGINE

SN	Inspection Item	Note	Pass	Fail	NA
34	Mountings.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35	Guards.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36	Noise Reduction Fitted.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

37	Exhaust Guards.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38	No Excessive Exhaust Smoke.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39	Oil Levels.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40	Coolant Levels.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41	No Leaks.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42	Blower Oil Level.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43	Coolant System.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44	Vee Belt Condition.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45	Belt Tension (Blower + Pumps).		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46	Air Cleaner System.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47	Battery Condition.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VACCUM PUMP AND ACCESSORIES

SN	Inspection Item	Note	Pass	Fail	NA
48	Condition of Access Points, Handrails and Steps.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49	Hoses / Piping / Connectors.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50	Ram (if fitted).		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51	Signage Present.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52	Pins / Mounting.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53	Grease All Fittings.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54	High Pressure Hose Lines.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Note

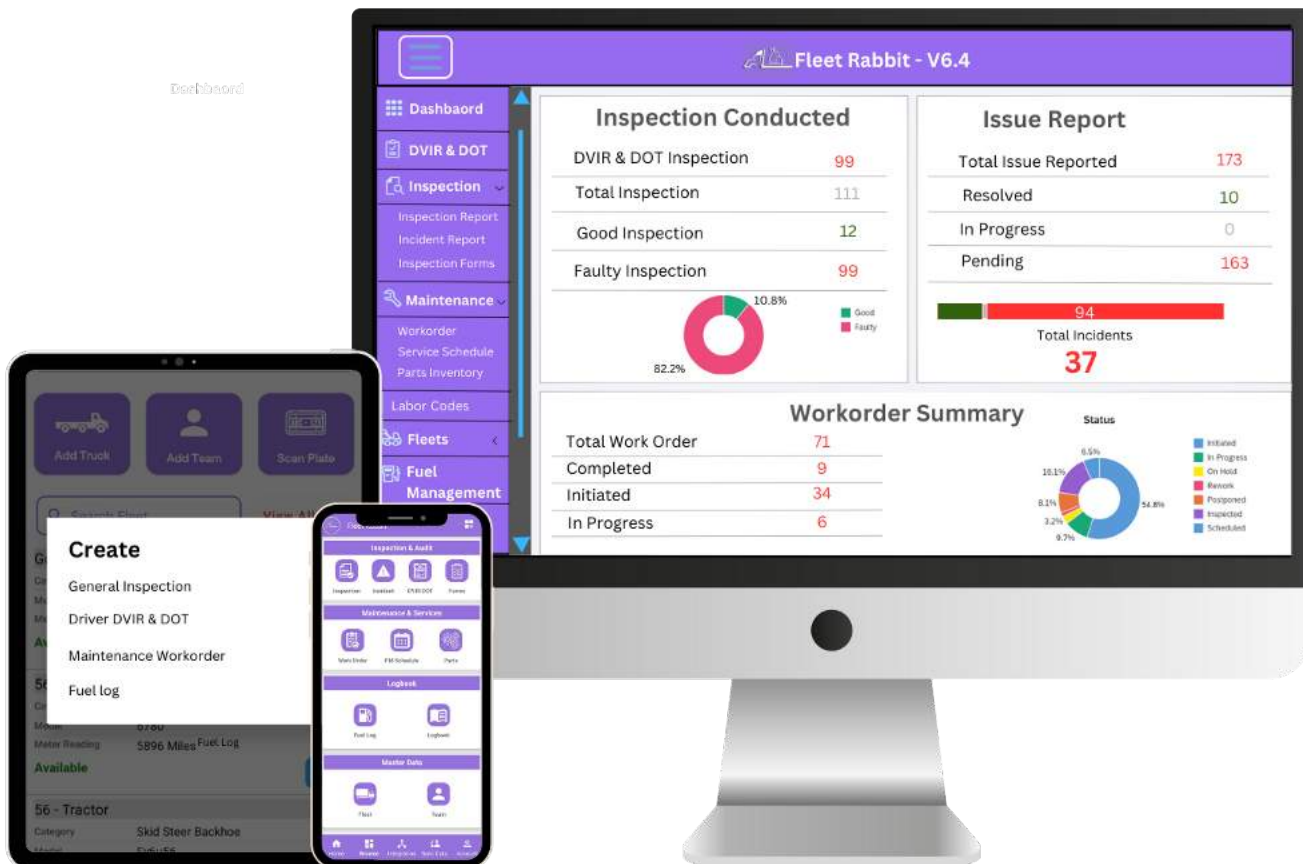
Overall Condition:

Fleet Safe to Use:

Maintenance Priority:

Deployed:

Signature



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