|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|

|  |
| --- |
| **Instructions:** This form shall be completed as the initial inspection for each truck at the beginning of a new contract. The following items must be attached to this inspection form : |
| [ ]  Picture of retrofitted truck (side view) [ ]  Copy of proof of ownership [ ]  Copy of proof of liability insurance |  |
| **SECTION 1: VENDOR INFORMATION** |
| **NAME**      | **CONTRACT NUMBER**      | **CONTACT PERSON**      | **EMAIL**      | **PHONE**      |
| **STREET ADDRESS**      | **MAILING ADDRESS** (*if different*)      | **CITY**      | **STATE**      | **ZIP**      |
| **SECTION 2: TRUCK INFORMATION** |
| **VIN NUMBER**      | **HEIGHT OF TRUCK** (*highest point to ground*) | **MAKE**      | **MODEL YEAR**      |
| Feet: | Inches: |  |
| **SECTION 3: RETROFIT EQUIPMENT INFORMATION** |
| List the brand and model of the following retrofit equipment: |
| **Equipment:** | **Brand:** | **Model:** | **Comments:** |
| Snow Plow |       |       |       |
| 2-Way Radio |       |       |       |
| V-Box Spreader |       |       |       |
| Ground Speed Controller |       |       |       |
| CaCl Dispensing System |       |       |       |
| **SECTION 4: RATING INFORMATION** |
| **GROSS GVW** (*minimum 56,000 pounds*)      | **FRONT AXLE GVW** (*minimum 16,000 pounds*)      |
| **SECTION 5: INSPECTION INFORMATION** |
|  |  **Condition:** | **Comments:** |
| Twin Drive Tandem | [ ]  |  Yes | [ ]  |  No |  |  |  |  |
| Clean Appearance | [ ]  |  Yes | [ ]  |  No |  |  |  |  |
| Windshield Wiper Condition | [ ]  |  Excellent | [ ]  |  Good | [ ]  |  Poor |  |
| Defrosting System | [ ]  |  Excellent | [ ]  |  Good | [ ]  |  Poor |  |
| Cab Heating System | [ ]  |  Excellent | [ ]  |  Good | [ ]  |  Poor |  |
| Inspector’s opinion as to suitability of unit for snow and ice removal operations: |       |
| Judgement as to truck condition (Engine, Drive train, General Appearance): |        |
|       |
|  |  |  |  |  |  |  |
|  | **INSPECTOR’S SIGNATURE** |  |  | **INSPECTION DATE** |  |  |

 |