

PROPANE BOBTAIL & TRANSPORT DRIVER'S VEHICLE INSPECTION FORM

Propane Servicer: _____ Vehicle ID#: _____ TR#: _____

Bulk Plant Location: _____ Date: ____/____/____

 Bobtail Vehicle Transport Vehicle Odometer Reading: _____ THIS VEHICLE PASSES ALL CHECKS BELOW _____

(Driver Signature)

BOBTAILS AND TRACTORS - Chassis

- | | | |
|---|---|--|
| <input type="checkbox"/> Battery | <input type="checkbox"/> Fuel Tanks | <input type="checkbox"/> Spare Seal Beam |
| <input type="checkbox"/> Body | <input type="checkbox"/> Alternator | <input type="checkbox"/> Suspension |
| <input type="checkbox"/> Air Compressor | <input type="checkbox"/> Horn | <input type="checkbox"/> Starter |
| <input type="checkbox"/> Air Lines | <input type="checkbox"/> Headlights | <input type="checkbox"/> Steering |
| <input type="checkbox"/> Brake Lines | <input type="checkbox"/> Tail Lights | <input type="checkbox"/> Tachograph |
| <input type="checkbox"/> Brakes, Parking | <input type="checkbox"/> Turn Signals | <input type="checkbox"/> Tires & Rims |
| <input type="checkbox"/> Brakes, Service | <input type="checkbox"/> Other Lights | <input type="checkbox"/> Placards/Markings |
| <input type="checkbox"/> Clutch | <input type="checkbox"/> Mirrors | <input type="checkbox"/> Tire Chains |
| <input type="checkbox"/> Coupling Equipment | <input type="checkbox"/> Exhaust | <input type="checkbox"/> Transmission |
| <input type="checkbox"/> Defroster/Heater | <input type="checkbox"/> Oil Pressure | <input type="checkbox"/> Windows |
| <input type="checkbox"/> Drive Line | <input type="checkbox"/> Radiator | <input type="checkbox"/> Windshield Wipers |
| <input type="checkbox"/> Belts | <input type="checkbox"/> Radio/Telephone Com | |
| <input type="checkbox"/> Hoses | <input type="checkbox"/> Rear End | WRITTEN PROCEDURES |
| <input type="checkbox"/> Fluids | <input type="checkbox"/> Reflectors | <input type="checkbox"/> Emergency shutdown |
| <input type="checkbox"/> Fifth Wheel/Hitch | <input type="checkbox"/> Fire Extinguisher | <input type="checkbox"/> Unloading procedure |
| <input type="checkbox"/> Frame & Assembly | <input type="checkbox"/> Reflective Triangles | <input type="checkbox"/> Operating procedure |
| <input type="checkbox"/> Front Axle | <input type="checkbox"/> Spare Bulbs/Fuses | |

BOBTAILS - Metered Service

- | | | |
|--|---|--|
| <input type="checkbox"/> Cargo Tank | HOSES | PIPING SYSTEM |
| <input type="checkbox"/> Fusible Elements | <input type="checkbox"/> Delivery Hose ID Marking* | <input type="checkbox"/> Leak Inspection |
| <input type="checkbox"/> Off Truck Remote* | <input type="checkbox"/> New/Repaired Hose
Pressure Test | <input type="checkbox"/> Pipe Inspection |
| | <input type="checkbox"/> Hose Appearance/Condition | <input type="checkbox"/> Emergency Discharge
Control System |

TRANSPORTS - Non-Metered Service

- | | | |
|---|--|--|
| <input type="checkbox"/> Brakes | HOSES | PIPING SYSTEM |
| <input type="checkbox"/> Cargo Tank | <input type="checkbox"/> Delivery Hose ID Marking* | <input type="checkbox"/> Leak Inspection |
| <input type="checkbox"/> Coupling Equipment | <input type="checkbox"/> New/Repaired Hose Pressure Test | <input type="checkbox"/> Pipe Inspection |
| <input type="checkbox"/> Tires/Wheels | <input type="checkbox"/> Hose Appearance/Condition | <input type="checkbox"/> Emergency Discharge
Control System |
| <input type="checkbox"/> Landing Gear | <input type="checkbox"/> Passive/Remote Shutdown
Systems* | |
| <input type="checkbox"/> Lights | | |

This section is used only if there are reportable defects:**Defects Noted:**

Date Defects Corrected:
 ____/____/____
 ____/____/____
 ____/____/____
 This vehicle is safe to operate although the above defects were noted (Mechanic must sign)

Maintenance Mechanic's Signature:

Date: ____/____/____

Driver's Signature (Sign only if defects listed):

Date: ____/____/____

* Compliance dates vary. Check current regulations.

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For Reorder Contact: Propane Resources. Phone: 913-262-0589