DAILY INSPECTION FORM

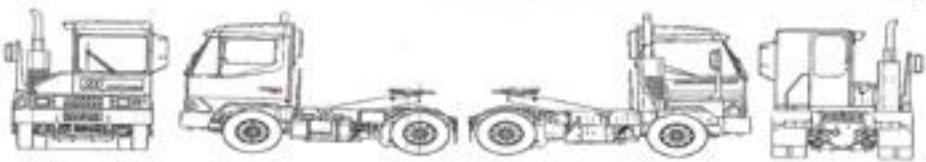
KALMAR OTTAWA

TRUCK # _____ DRIVER NAME _____ DATE _____

PERFORM THE FOLLOWING					
	COMPLETE		COMPLETE		COMPLETE
CHECK FUEL LEVEL		CHECK ENGINE COOLANT LEVEL		CHECK HYDRAULIC TANK OIL LEVEL	
CHECK ENGINE OIL LEVEL		DRAIN WATER FROM AIR TANKS		CHECK DIESEL EXHAUST FLUID LEVEL (IF APPLICABLE)	
CHECK AIR INTAKE DUCTS		CHECK TRANSMISSION FLUID LEVEL			

CHECK THE FOLLOWING ITEMS AND INDICATE IF "OK" OR "REPAIR NEEDED". CIRCLE LOCATON ON DRAWINGS IF NECESSARY. DESCRIBE PROBLEMS IN REMARKS AREA AT BOTTOM OF PAGE.

	OK	REPAIR NEEDED		OK	REPAIR NEEDED		OK	REPAIR NEEDED
ENTR / EXIT STEPS / PLATFORMS			STEERING			BACKUP LIGHTS		
STARTER			TIRES / TILE			BRAKE LIGHTS		
NEUTRAL START			BOOM OPERATION			BLOWN LIGHT (S)		
BACKUP ALARM			2nd WHEEL RELEASE			STROBE LIGHT		
HEATER / DEFROSTER / AC			SERVICE BRAKES			MARKER LIGHTS (IF APPLICABLE)		
MIRRORS			PARK BRAKE			CAB SUSPENSION LATCH		
HORN			HORNS			FLUID LEAKS		
WINDOWS			TRACTOR AIR LINES			MUD FLAPS (PRESENT)		
WIPERS			TRAILER LIGHT CORD			OILER		
SEAT			HEAD LIGHTS			DAMAGE		
SEAT BELT			SIGNAL LIGHTS					



REMARKS:

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