



TRACTOR/TRAILER INSPECTION FORM

Date _____ Time _____
 Washout Facility _____ Inspector _____ Carrier _____
 Tractor # _____ Trailer # _____
 Disinfectant _____ Concentration 1:128 1:256 Other: _____

Check each area for cleanliness and whether or not it is dry. Circle appropriate answer. Indicate the location of any areas of concern on schematic and annotate with photo #.

	Clean		Dry	
Tractor				
Tractor Exterior	Yes	No	Yes	No
Tire rim	Yes	No	Yes	No
Storage Boxes	Yes	No	Yes	No
Floor Board	Yes	No	Yes	No
Seat	Yes	No	Yes	No
Steering Wheel/Dash	Yes	No	Yes	No
 Trailer - Exterior				
Trailer Exterior	Yes	No	Yes	No
Tire rim/Undercarriage	Yes	No	Yes	No
Storage Boxes	Yes	No	Yes	No
Rubber Bumpers	Yes	No	Yes	No
Outside Gates	Yes	No	Yes	No
Internal Chute (if applicable)	Yes	No	Yes	No
 Decks				
Walls	Yes	No	Yes	No
Floors	Yes	No	Yes	No
Ceilings	Yes	No	Yes	No
Gates (both sides)	Yes	No	Yes	No
Winter Panels (both sides)	Yes	No	Yes	No
 Equipment				
Sort Boards	Yes	No	Yes	No
Paddles/Shakers	Yes	No	Yes	No
Shovels/Brooms	Yes	No	Yes	No
Prods	Yes	No	Yes	No

Areas of Concern

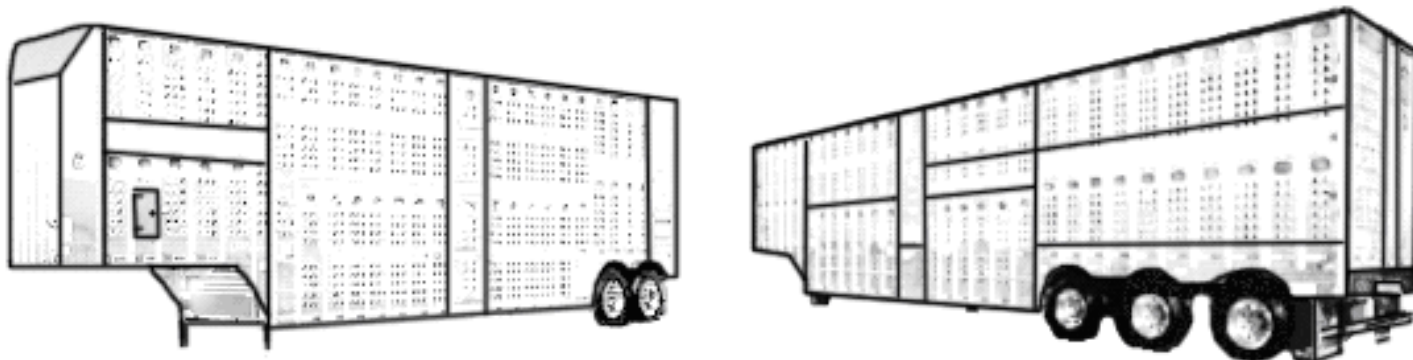
Please photograph any areas of concern and indicate location on schematic with photo # and comment.

Date:

Trailer #:

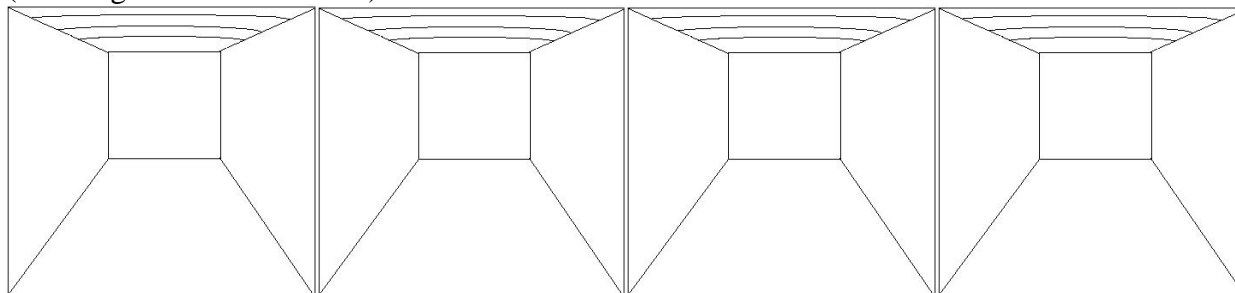
Inspector:

EXTERIOR



INTERIOR – FORWARD VIEW

(Viewing from back to front)



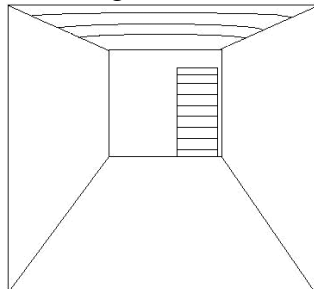
Lower Deck

Middle Deck

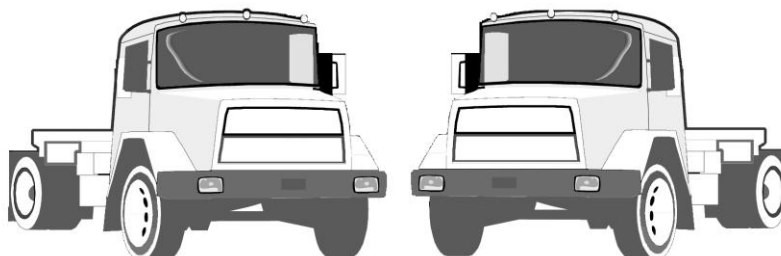
Upper Deck

INTERIOR – BACKWARD VIEW

(Viewing from front to back)



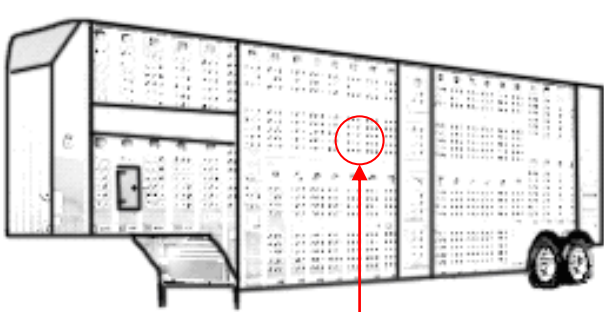
CAB EXTERIOR



EXAMPLES – Areas of Concern

Please photograph any areas of concern and indicate location on schematic with photo #.

EXTERIOR



#1 Dirty

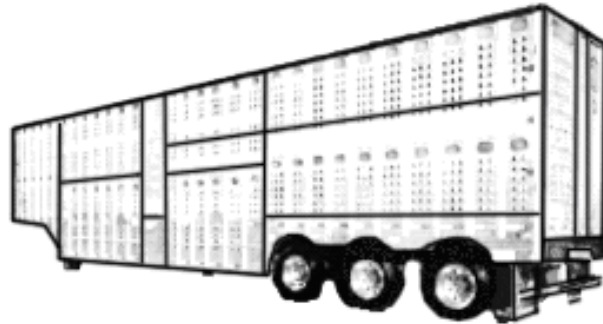
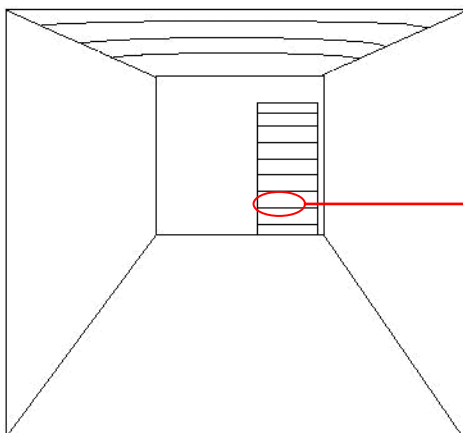


Photo 1



INTERIOR – BACKWARD VIEW (i.e. Viewing from front to back)



#2 & #3
Dirty

Photo 2

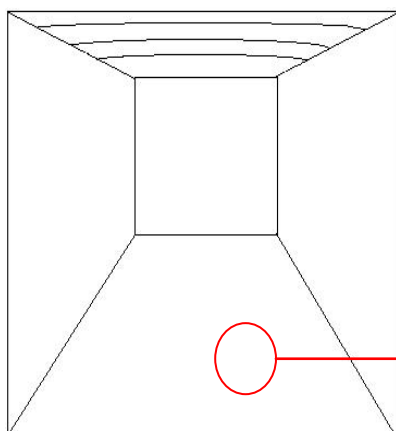


Photo 3



INTERIOR – FORWARD VIEW (Viewing from back to front)

Photo 4



#4
Wet/Dirty



Lower Deck