



FORM 13B - Daily Van Inspection

DAILY VEHICLE INSPECTION REPORT

OPERATORS NAME: POWER VAC ONTARIO / NATIONAL DUCT	PLATE # / JURISDICTION: _____	ONTARIO
ODOMETER _____	INSPECTION DATE (DD/MM/YYYY) _____	INSPECTION TIME: _____
INSPECTION LOCATION: _____		INSPECTOR NAME: _____
NO MAJOR OR MINOR DEFECTS FOUND DURING INITIAL INSPECTION		<input type="checkbox"/>
MAJOR & MINOR DEFECTS FOUND DURING THE INITIAL INSPECTION OR WHILE ON ROUTE		<input type="checkbox"/>
SIGNATURE – I INSPECTED THE VEHICLE IN ACCORDANCE WITH SCHEDULE 1: _____		
SIGNATURE OF EACH DRIVER WHO DID NOT CONDUCT THE INITIAL INSPECTION: _____ / _____		

DATE (DD/MM/YYYY): _____	TRUCK #: _____	TECH #1: _____	TECH #2: _____
FRONT KMs: _____	COMPRESSOR HOURS: _____		

EQUIPMENT / HOUSEKEEPING CHECK LIST

SERVICE TECHNICIANS TO INITIAL EACH OF THE ITEMS BELOW. YOU ARE CONFIRMING THAT ALL ITEMS, CHORES, MAINTENANCE HAS BEEN COMPLETED BOTH AT THE BEGINNING AND ENDING OF EACH SHIFT. DEFECIENCIES TO BE NOTED BELOW IN COMMENT SECTION.

TASK / ITEM	START OF SHIFT	END OF SHIFT
GAS CARD & KEYS W/ TRUCK		
VEHICLE FUEL LEVEL FULL		
UNDER HOOD FLUIDS FULL		
COMPRESSOR & JERRY CAN FULL		
COMPRESSOR STARTS		
HYPER VAC & ALL ACCESSORIES		
SPARE HYPER VAC UPPER POD		
200 FT AIRLINE (1 X100' & 2 X 50')		
30 FT VACUUM HOSE		
6 FT LADDER		
SHOP VAC CLEAN & FUNCTIONAL		
4 SCORPION RODS		
FOGGER & DISINFECTANT REFILL		
PATCHES / PLUGS / SCREWS		
TRUCK HOUSEKEEPING		

ADDITIONAL COMMENTS: _____

