

Equipment Inspection Form

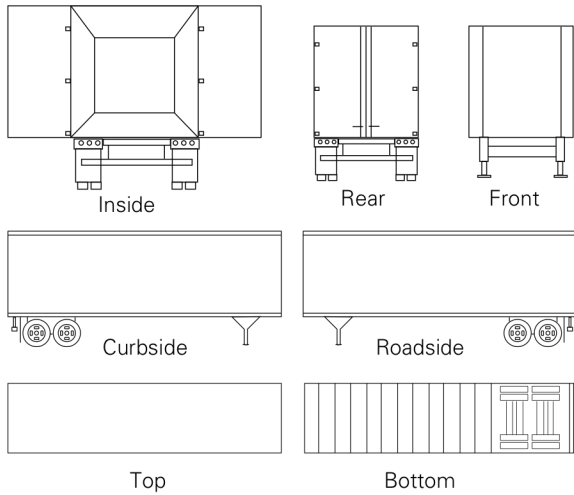


TRAILER DESCRIPTION

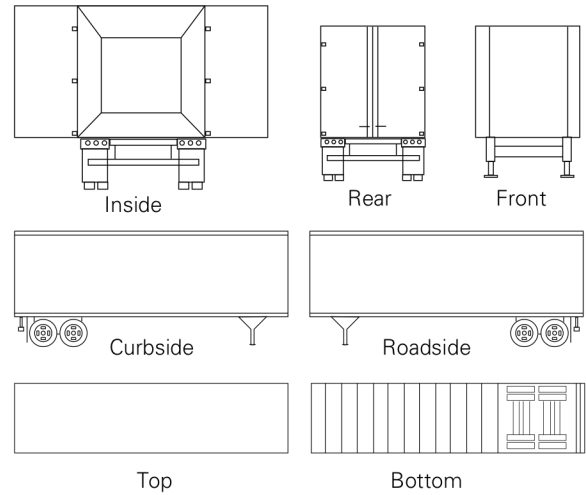
Vin: _____ Type: _____ Size: _____
 Unit#: _____ P.O.#: _____

ORIGIN DESTINATION

Location: _____



Location: _____



Item	New	Damaged	Damage Description
Lights			
Bulk Head			
Wheels			
Tires			
Suspension			
Brakes			
Connect Device			
Landing Gear			
Mud Flaps			

Item	New	Damaged	Damage Description
Lights			
Bulk Head			
Wheels			
Tires			
Suspension			
Brakes			
Connect Device			
Landing Gear			
Mud Flaps			

Pickup Date: _____
 Carrier Name: _____
 Truck Number / VIN: _____
 Driver Name: _____
 Driver Signature: _____
 Shipper Employee Name: _____
 Shipper Employee Signature: _____

Delivered Date: _____
 Carrier Name: _____
 Truck Number / VIN: _____
 Driver Name: _____
 Driver Signature: _____
 Receiver Employee Name: _____
 Receiver Employee Signature: _____

NOTICE

1. The EQUIPMENT INSPECTION/INTERCHANGE REPORT must be dated and signed by consignee and delivering carrier's driver upon delivery always. No exceptions.
2. All copies should be signed as proof of delivery (POD).