

Transportation, Inc.

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Trip Number

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Name

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Number of Pages (including cover sheet)

- Citation
- Progressive Bill of Lading
- Shipping Documents and Bills
- Toll Receipts
- Scale Receipts
- Maintenance Receipts
- Inspection Report
- Trailer Inventory
- Other: _____



Trailer Condition & Inventory Report

Trailer#

Location

Driver Name

Trip #

Plate#

Picked/ Dropped Circle one

_____ Confirmed with maintenance dept that
this trailer is current on required maintenance.

Equipment Inventory

Items	Required	Driver Count
Pads	150	
Straps	25	
	Ratchet	
	Pull	
Bars	26	
Dollies	4	
Plywood	12	
Pallet Jack	0	

Tread Depths

Tire Brand name

Tire Pressure

<div style="border: 1px solid black; padding: 5px; text-align: center;">Outside</div> <div style="text-align: center;">○○</div>	<div style="border: 1px solid black; padding: 5px; text-align: center;">Outside</div> <div style="text-align: center;">○○</div>	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
<div style="border: 1px solid black; padding: 5px; text-align: center;">Inside</div> <div style="text-align: center;">○○</div>	<div style="border: 1px solid black; padding: 5px; text-align: center;">Inside</div> <div style="text-align: center;">○○</div>	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
<div style="border: 1px solid black; padding: 5px;">Floor</div>	<div style="border: 1px solid black; padding: 5px; text-align: right;">Roof</div>	<div style="border: 1px solid black; padding: 5px;">Seal</div>

I agree that the condition of the above assigned trailer is as noted and that the trailer equipment inventory is accurate by my count. I also agree that I will be held responsible for any trailer damage and will be held responsible for the replacement of any missing inside van equipment.

Signature _____ Date _____

VEHICLE INSPECTION

This inspection meets all requirements for the Annual Inspection in accordance with Section 396 of 49 CFR
 PROGRESSIVE TRANSPORTATION INC. - WAUSAU, WI - 715-849-4774 - FAX 715-849-5234

PASS	FAIL
DATE OF INSPECTION	
Month:	Day:
Year:	Year:

TRACTOR UNIT NO.	LICENSE NO.	STATE	YEAR	MAKE	VIN NO.
TRAILER UNIT NO.	LICENSE NO.	STATE	YEAR	MAKE	VIN NO.
NAME OF DRIVER		REGISTERED OWNER		WORK ORDER	P.O. #
NAME OF INSPECTION FACILITY			ADDRESS OF INSPECTION FACILITY		CITY STATE ZIP

32nds In %	32nds In % In %	32nds In % In %	32nds TREAD DEPTH	32nds In % In %	32nds In % In %
32nds	32nds	32nds	TIRE SIZE	32nds	32nds

TRACTOR	TRAILER	NEEDS REPAIR	OK	NEEDS REPAIR	OK	- ITEMS INSPECTED
						1. BRAKE SYSTEM
						A. SERVICE BRAKES
						B. PARKING BRAKE SYSTEM
						C. BRAKE DRUMS OR ROTORS
						D. BRAKE HOSE OR TUBING
						E. S-CAM, SLACK ADJUSTERS, AIR CHAMBERS
						F. TRACTOR & TRAILER PROTECTION VALVE
						G. LOW PRESSURE WARNING DEVICE
						H. AIR COMPRESSOR
						2. COUPLING DEVICES
						A. FIFTH WHEEL HEIGHT (INCHES)
						3. STEERING MECHANISM
						A. STEERING WHEEL FREE PLAY
						B. STEERING COLUMN
						C. PITMAN ARM
						D. TIE RODS / BALL & SOCKET JOINTS
						E. FRONT AXLE
						4. SUSPENSION
						A. U-BOLTS, SPRING HANGERS OR SPRINGS
						B. OTHER AXLE POSITIONING PARTS
						C. TORQUE / RADIUS / TRACKING COMPONENTS
						D. TRACTOR SUSPENSION AIR () SPRING ()
						E. TRAILER SUSPENSION AIR () SPRING ()
						5. WHEELS AND RIMS
						A. WHEELS AND RIMS
						B. WHEEL SEALS
						6. WINDSHIELD
						A. WINDSHIELD CRACKS or GLAZING
						B. WINDSHIELD WIPERS
						7. EXHAUST SYSTEM
						A. LEAKS FORWARD or BELOW DRIVER / SLEEPER COMPARTMENT
						B. LOCATED TO PREVENT DAMAGE TO COMBUSTIBLE PARTS
						8. FUEL SYSTEM
						A. VISIBLE LEAKS
						B. FUEL TANK & LINES SECURED
						9. LIGHTING DEVICES
						A. HEAD LAMPS
						B. STOP / TAIL LAMPS
						C. SIGNAL / HAZARD WARNING (SECTION 392.22)
						D. CLEARANCE / MARKER & REFLECTORS
						E. REFLECTIVE TAPE. Y () N ()
						10. FRAME
						A. FRAME & CROSS MEMBERS
						B. TIRE AND WHEEL CLEARANCE
						C. HEAD BROAD / HEAD ACHE RACK
						D. ADJUSTABLE AXLE ASSEMBLIES Y () N ()
						11. EMERGENCY EQUIPMENT
						A. FIRE EXTINGUISHER / MOUNTED
						B. 3 REFLECTIVE TRIANGLES
						12. MUDFLAPS
						13. HORN
						14. SEATBELT OPERATIONAL (SECTION 393.33)
						15. BLIND SPOT MIRROR
						A. ON HOOD CONV. / RIGHT FRONT COE Y () N ()

COMMENTS 	I certify this report as accurate and complete which meets the requirements of 49CFR Part 396 and is accord with Appendix G to Sub Chapter	QUALIFIED INSPECTOR'S NAME (Print) INSPECTOR'S SIGNATURE
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TRIP REPORT

Trip Number _____

Unit Number _____

Driver Name _____

Date	Highways Used	State	State Line Odometer
Beginning Odometer			
Ending Odometer			

FUEL PURCHASES		
Date	State purchased	No. of Gallons

NEW YORK TOLL MILES

Progressive
Transportation, Inc.

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Trip Number

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Name

___/___/___ TO ___/___/___

LOGS



P G V L



P G V L