

DRIVER:
 Name: _____
 Dr #: _____

F&G DELIVERY LTD.
 DAILY TRIP SHEETS
 CRANE TRUCKS

DATE:
 Month: _____
 Day: _____
 Year: _____

| Customer From Name Only | Customer To Name Only | Tag # |
|-------------------------|-----------------------|-------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

| Date | Work Shift Start Time | A. Total On-Duty Hours | B. Total Driving Hours | C. Total Off-Duty Hours | Work Shift Finish Time | * Comments |
|------|-----------------------|------------------------|------------------------|-------------------------|------------------------|------------|
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| | | | | | | |

| | AM | PM | Net |
|-----------------|----|----|-----|
| Odometer | | | |
| Hourmeter Truck | | | |
| Hourmeter Crane | | | |

TRIP INSPECTION REPORT

As required by the National Safety Code

In pre-trip inspection I have detected no defect or deficiency in this motor vehicle as would be likely to affect the safety of its operation or result in its mechanical breakdown.

Time: _____ AM _____ PM _____ Signature _____

{ } Defects (s) found: (as marked)

- | | | |
|---|--|--|
| <input type="checkbox"/> Air Compressor | <input type="checkbox"/> Drive Lines | <input type="checkbox"/> Oil Pressure |
| <input type="checkbox"/> Air Lines | <input type="checkbox"/> Emergency Equipment | <input type="checkbox"/> Recording Device(s) |
| <input type="checkbox"/> Axles | <input type="checkbox"/> Engine | <input type="checkbox"/> Seats |
| <input type="checkbox"/> Battery(s) | <input type="checkbox"/> Exhaust System | <input type="checkbox"/> Springs |
| <input type="checkbox"/> Belts/Hoses | <input type="checkbox"/> Fifth Wheel | <input type="checkbox"/> Starter |
| <input type="checkbox"/> Body/Frame | <input type="checkbox"/> Fuel System | <input type="checkbox"/> Suspension |
| <input type="checkbox"/> Brakes, Adjustment | <input type="checkbox"/> Fuel Tanks | <input type="checkbox"/> Steering Mechanism |
| <input type="checkbox"/> Brakes, Service System | <input type="checkbox"/> Heat/Defrost | <input type="checkbox"/> Tachograph |
| <input type="checkbox"/> Brakes, Parking System | <input type="checkbox"/> Horns | <input type="checkbox"/> Tire Chains |
| <input type="checkbox"/> Charging System | <input type="checkbox"/> Lights/Reflectors | <input type="checkbox"/> Transmission(s) |
| <input type="checkbox"/> Clutch | <input type="checkbox"/> Load Security Devices | <input type="checkbox"/> Wheels/Tires/Studs |
| <input type="checkbox"/> Cooling System | <input type="checkbox"/> Lubrication System(s) | <input type="checkbox"/> Windows/Visibility |
| <input type="checkbox"/> Coupling Devices | <input type="checkbox"/> Mirrors | <input type="checkbox"/> W/Wipers/Washers |
| <input type="checkbox"/> Doors/Compartment | <input type="checkbox"/> Mud Flaps | <input type="checkbox"/> Other |