

DRIVER:
 Name: _____
 Dr #: _____

F&G DELIVERY LTD.
 DAILY TRIP SHEETS
 TRACTOR

DATE:
 Month: _____
 Day: _____
 Year: _____

Customer From Name Only	Customer To Name Only	Tag #

TRIP INSPECTION REPORT
 As required by the National Safety Code

Truck _____ Speedometer Reading _____

{ } 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

{ } In post-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)

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