



Pre-Departure Checklist

INSPECTION INFORMATION		
Mechanic name:		
Date:		
Truck number:		
Mileage:		
CHECKLIST		
<input type="checkbox"/>	Annual Inspection Date:	
<input type="checkbox"/>	Fluid Levels	
<input type="checkbox"/>	Exterior Lights	
<input type="checkbox"/>	Tires	Average Depth:
<input type="checkbox"/>	Brakes	Percentage of Life Left:
<input type="checkbox"/>	Interior Lights	
<input type="checkbox"/>	Fire Extinguisher/Emergency Triangles	
<input type="checkbox"/>	Interior Power Outlets	
<input type="checkbox"/>	Install New Mattress	
<input type="checkbox"/>	Check Heat/AC	
<input type="checkbox"/>	Radio	
<input type="checkbox"/>	iPass	
<input type="checkbox"/>	QualComm	
<input type="checkbox"/>	Geotab	
<input type="checkbox"/>	Windshield Wipers/Sprayers	
<input type="checkbox"/>	Horn	
<input type="checkbox"/>	Interior Cleanliness	
<input type="checkbox"/>		