



ASSET VERIFICATION

TECH NAME: _____ TECH NUMBER: _____

LOCATION: _____ DATE: _____

ASSETS-

TRUCK #: _____ LAST 5 VIN #: _____ TAG EXP. DATE: _____

METER #: _____

PHONE IMEI: _____ Phone #: _____

IPAD: _____

HOWLER: _____

EXTERIOR WALK AROUND

*BODY DAMAGE _____

*EQUIPMENT SECURE _____

*CLEANLINESS _____

*WINDSHIELD _____

CUI STICKERS/ DECALS _____

INTERIOR INSPECTION

*CLEANLINESS _____

*SEATBELT _____

*REGISTRATION/INS. _____

TIRE CONDITION

RIGHT FRONT _____ LEFT FRONT _____

RIGHT REAR _____ LEFT REAR _____

SPARE TIRE _____ JACK _____

EXTERIOR LIGHTS

*HEAD LIGHTS _____

*PARKING LIGHTS _____

*HAZZARD LIGHTS _____

*BRAKE LIGHTS _____

*BLINKERS _____

UNDER THE HOOD

*ENGINE OIL _____

*COOLANT _____

*TRANSMISSION _____

ROAD TEST

BRAKE NOISE _____

VIBRATIONS _____

COMMENTS: _____

SUPERVISOR NAME: _____ SUPERVISOR SIGNATURE: _____

TECHNICIAN NAME: _____ TECHNICIAN SIGNATURE: _____