

Chassis Inspection

CONTROLLED Doc# 11-1CI-V01

Work Order: _____

Customer: _____

Unit No.: _____

Date of Inspection: _____

Date Received: _____

CHASSIS

New Used

Purchase Order: _____

Engineer: _____

Colour: _____

Odometer: _____

Fuel Type: _____

Diesel

Gas

Propane

Natural gas

GVW: Kg or Lbs _____

Axle _____

Single

Tandem Triple

Transmission

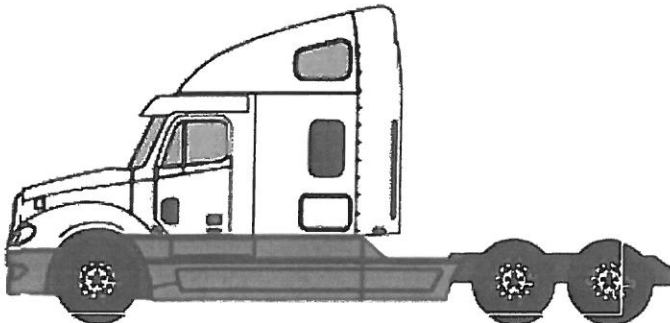
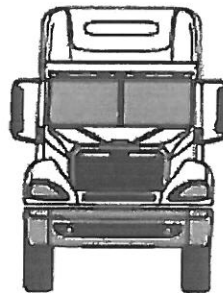
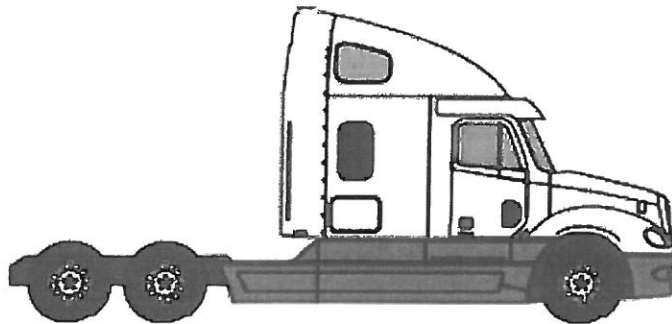
Auto

Standard

Ser # _____

	Yes	No		Yes	No		Yes	No		Yes	No
License Plate light	<input type="checkbox"/>	<input type="checkbox"/>	Headlight right	<input type="checkbox"/>	<input type="checkbox"/>	Outside Clean	<input type="checkbox"/>	<input type="checkbox"/>	Inside Clean	<input type="checkbox"/>	<input type="checkbox"/>
Back up light right	<input type="checkbox"/>	<input type="checkbox"/>	Head light left	<input type="checkbox"/>	<input type="checkbox"/>	Jack	<input type="checkbox"/>	<input type="checkbox"/>	Upolstery Clean	<input type="checkbox"/>	<input type="checkbox"/>
Back up light left	<input type="checkbox"/>	<input type="checkbox"/>	Parking light right	<input type="checkbox"/>	<input type="checkbox"/>	Jack handle	<input type="checkbox"/>	<input type="checkbox"/>	Owners manual	<input type="checkbox"/>	<input type="checkbox"/>
Brake light right	<input type="checkbox"/>	<input type="checkbox"/>	Parking light left	<input type="checkbox"/>	<input type="checkbox"/>	Lug wrench	<input type="checkbox"/>	<input type="checkbox"/>	Radio	<input type="checkbox"/>	<input type="checkbox"/>
Brake light Left	<input type="checkbox"/>	<input type="checkbox"/>	Signal light R/F	<input type="checkbox"/>	<input type="checkbox"/>	First aid kit	<input type="checkbox"/>	<input type="checkbox"/>	Dash Warning light	<input type="checkbox"/>	<input type="checkbox"/>
Tail light right	<input type="checkbox"/>	<input type="checkbox"/>	Signal light L/F	<input type="checkbox"/>	<input type="checkbox"/>	Flares	<input type="checkbox"/>	<input type="checkbox"/>	Battery voltage	<input type="text"/>	
Tail light left	<input type="checkbox"/>	<input type="checkbox"/>	Windsheild wipers	<input type="checkbox"/>	<input type="checkbox"/>	Fire extinguisher	<input type="checkbox"/>	<input type="checkbox"/>	Fuel level	<input type="text"/>	
Singnal light R/R	<input type="checkbox"/>	<input type="checkbox"/>	Windsheild washer	<input type="checkbox"/>	<input type="checkbox"/>						
Signal light L/R	<input type="checkbox"/>	<input type="checkbox"/>	Mirrors	<input type="checkbox"/>	<input type="checkbox"/>						

Damage



Notes

*Note any damage

Inspected by: _____