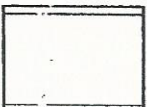
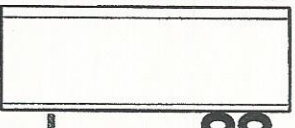
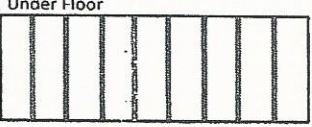
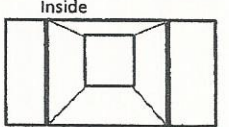
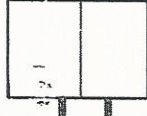
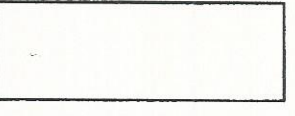
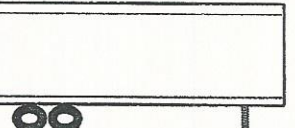
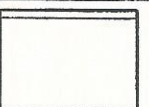
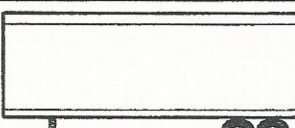
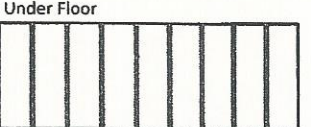
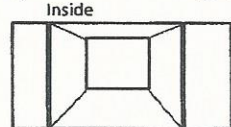
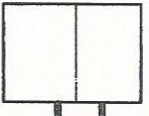

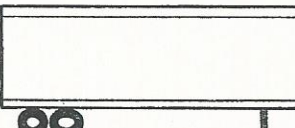


Trailer Monthly Inspection Report

Lessee:				Customer #		Cust PO#																
Address:				Authorized By:			Phone:															
Address 2:				City, State, Zip:																		
Trailer #:		Model:		Yr:	Make:		Y/N Initials															
Cust Trailer #:		License:		State:		Serial #:																
LDW Accepted:																						
Day:	WK:	MO:	Min Term (Months):		Free Days:	Billing:	LDW: /Day /Mo.															
Service Level:		Rate/Mi:	Est Miles/Cycle:		Free Mi:	Free Mi/Cycle:	LDW Deductible:															
Brake Wear(/8th):		Tire Wear(/32nd):		Satellite Monitoring (per bill cycle):		Straps:	Reefer/Hr: Fuel/Gal:															
Outbound Location:				One-way:	Inbound Location:																	
Trailer Tracking Unit Attached:				Missing Trailer Tracking Unit will result in a \$400 charge when trailer is returned																		
Date/Time Out:				Hubo Out:		Date/Time In: Hubo In:																
Return Location:				DROP Charge:		Intended Use:																
Hr Out:	Fuel Out:	Delivery Charge:		Hr In:	Fuel In:	P/U Charge:																
COMMENTS:				COMMENTS:																		
OUTBOUND READINGS				FHWA Due:				INBOUND READINGS				FHWA Due:										
Tire	Brand	O/R	32nd	Psi		Brand	O/R	32nd	Psi	Brake	Tire	Brand	O/R	32nd	Psi		Brand	O/R	32nd	Psi	Brake	
LFO:						RFO:					LF:	LFO:					RFO:					LF:
LFI:						RFI:					LR:	LFI:					RFI:					LR:
LRO:						RRO:					RF:	LRO:					RRO:					RF:
LRI:						RRI:					RR:	LRI:					RRI:					RR:
LCO:						RCO:					LC:	LCO:					RCO:					LC:
LCI:						RCI:					RC:	LCI:					RCI:					RC:
Totals		TW:		BW:		Totals		TW:		BW:												
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Front </p> <p>Left </p> <p>Under Floor </p> <p>Inside </p> <p>Rear </p> <p>Roof </p> <p>Right </p> </div> <div style="width: 45%;"> <p>Front </p> <p>Left </p> <p>Under Floor </p> <p>Inside </p> <p>Rear </p> <p>Roof </p> <p>Right </p> </div> </div>																						
<p>Legend:</p> <table style="width: 100%;"> <tr> <td>B = Bent</td> <td>H = Hole</td> </tr> <tr> <td>S = Scratch</td> <td>D = Dent</td> </tr> <tr> <td>BR = Broken</td> <td>M = Missing</td> </tr> <tr> <td>C = Cut</td> <td>P = Patch</td> </tr> <tr> <td></td> <td>SC = Section</td> </tr> </table>												B = Bent	H = Hole	S = Scratch	D = Dent	BR = Broken	M = Missing	C = Cut	P = Patch		SC = Section	
B = Bent	H = Hole																					
S = Scratch	D = Dent																					
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Driver Name:				Driver Name:																		
License #		State:		License #		State:																
Driver Signature:				Driver Signature:																		
Inspector:				Inspector:																		
Inspector Signature:				Inspector Signature:																		