



MANDATORY DAILY VEHICLE INSPECTION REPORT

DATE: _____ **HYDRO-VAC #** _____ **MILEAGE:** _____ **SUPPORT TRUCK #** _____
OPERATOR: _____ **SWAMPER 1:** _____ **SWAMPER 2:** _____

HOW TO PROPERLY COMPLETE FORM:

Only mark those that are not working, missing or damaged for either of the units listed above, then detail each specific problem in the Notes field!

AM	PM	GENERAL	AM	PM	DRIVER SIDE	AM	PM	REAR	AM	PM	CURB SIDE
<input type="checkbox"/>	<input type="checkbox"/>	Fire Extinguisher	<input type="checkbox"/>	<input type="checkbox"/>	Tube Rack	<input type="checkbox"/>	<input type="checkbox"/>	Tube Rack	<input type="checkbox"/>	<input type="checkbox"/>	(1) - Wheel Chock
<input type="checkbox"/>	<input type="checkbox"/>	Tire & Air Pressure	<input type="checkbox"/>	<input type="checkbox"/>	(1) - Wheel Chock	<input type="checkbox"/>	<input type="checkbox"/>	Debris Door	<input type="checkbox"/>	<input type="checkbox"/>	(4) - 8" Tube Clamps
<input type="checkbox"/>	<input type="checkbox"/>	Fuel (Full Tank)	<input type="checkbox"/>	<input type="checkbox"/>	(1) - 7' Extension 8"	<input type="checkbox"/>	<input type="checkbox"/>	Mud Flaps	<input type="checkbox"/>	<input type="checkbox"/>	(1) - Ground Rod
<input type="checkbox"/>	<input type="checkbox"/>	DEF	<input type="checkbox"/>	<input type="checkbox"/>	(1) - 4' Extension 8"	<input type="checkbox"/>	<input type="checkbox"/>	(1) - 8" Dig Tube	<input type="checkbox"/>	<input type="checkbox"/>	Grounding Cable / Reel
<input type="checkbox"/>	<input type="checkbox"/>	Chassis Fluids (All Full)	<input type="checkbox"/>	<input type="checkbox"/>	Pointed Lath	<input type="checkbox"/>	<input type="checkbox"/>	(1) - 6" Dig Tube	<input type="checkbox"/>	<input type="checkbox"/>	Master Control Panel
<input type="checkbox"/>	<input type="checkbox"/>	Radio	<input type="checkbox"/>	<input type="checkbox"/>	Caution Tape	<input type="checkbox"/>	<input type="checkbox"/>	(1) - 4' Extension 8"	<input type="checkbox"/>	<input type="checkbox"/>	Remote/Extra Batteries
<input type="checkbox"/>	<input type="checkbox"/>	Lights (All Working)	<input type="checkbox"/>	<input type="checkbox"/>	Blower Fluid	<input type="checkbox"/>	<input type="checkbox"/>	(1) - 7' Extension 8"	<input type="checkbox"/>	<input type="checkbox"/>	Work Lights
<input type="checkbox"/>	<input type="checkbox"/>	Wiper Bladedes	<input type="checkbox"/>	<input type="checkbox"/>	Hydraulic Fluid	<input type="checkbox"/>	<input type="checkbox"/>	Debris Tank (Empty)	<input type="checkbox"/>	<input type="checkbox"/>	Wheel Chock
<input type="checkbox"/>	<input type="checkbox"/>	Interior Clean (NO Trash!)	<input type="checkbox"/>	<input type="checkbox"/>	Spill Kit	<input type="checkbox"/>	<input type="checkbox"/>	Bumper	<input type="checkbox"/>	<input type="checkbox"/>	(2) - 75' Hoses 3500 psi
<input type="checkbox"/>	<input type="checkbox"/>	Inverter	<input type="checkbox"/>	<input type="checkbox"/>	(4) - Safety Cones	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	(2) - Hose Reels
<input type="checkbox"/>	<input type="checkbox"/>	Exterior Clean	<input type="checkbox"/>	<input type="checkbox"/>	(1) - Water Fill Hose	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	Water Pump
<input type="checkbox"/>	<input type="checkbox"/>	Proper PPE Operator	<input type="checkbox"/>	<input type="checkbox"/>	(1) - 8" to 6" Reducer	AM	PM	MISC	<input type="checkbox"/>	<input type="checkbox"/>	Water Pump Oil
<input type="checkbox"/>	<input type="checkbox"/>	Proper PPE Swamper(s)	<input type="checkbox"/>	<input type="checkbox"/>	Wired Pendant	<input type="checkbox"/>	<input type="checkbox"/>	No Oil or Fluid Leaks	<input type="checkbox"/>	<input type="checkbox"/>	WP Banjo Filter (Clean)
<input type="checkbox"/>	<input type="checkbox"/>	Face Shields	<input type="checkbox"/>	<input type="checkbox"/>	Cabinets & Doors	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	Remote/Extra Batteries
<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	4gpm Rotary/7' Wand
<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	8gpm Rotary/7' Wand

REQUIRED IN NOTES FIELD EACH FRIDAY: Mileage, PTO Hours and Blower Hours!

NOTES

<input type="checkbox"/>	<input type="checkbox"/>	4gpm Rotary/10' Wand
<input type="checkbox"/>	<input type="checkbox"/>	8gpm Rotary/10' Wand
<input type="checkbox"/>	<input type="checkbox"/>	Rotary/Rubber Wand
<input type="checkbox"/>	<input type="checkbox"/>	7' Extension Wand
<input type="checkbox"/>	<input type="checkbox"/>	4' Extension Wand
<input type="checkbox"/>	<input type="checkbox"/>	Wash Wand
<input type="checkbox"/>	<input type="checkbox"/>	Hot Water Burner
<input type="checkbox"/>	<input type="checkbox"/>	Burner Cabinet
<input type="checkbox"/>	<input type="checkbox"/>	Cabinets & Doors
<input type="checkbox"/>	<input type="checkbox"/>	_____

Operator Signature: _____ Swamper Signature: _____



DAILY TIMESHEET - ND VAC CREW

DATE: _____

OPERATOR: _____

HYDRO-VAC # _____

BILL TO	TYPE	HOURS	DESCRIPTION
OPERATOR TOTAL HOURS			

SWAMPER 1: _____

SUPPORT TRUCK # _____

BILL TO	TYPE	HOURS	DESCRIPTION
SWAMPER 1 TOTAL HOURS			

SWAMPER 2: _____

BILL TO	TYPE	HOURS	DESCRIPTION
SWAMPER 2 TOTAL HOURS			