

GSE INSPECTION BACKUP FORM

LAV Cart | Blank printable copy

|                 |                                                                      |                 |                                                                                            |
|-----------------|----------------------------------------------------------------------|-----------------|--------------------------------------------------------------------------------------------|
| INSPECTION TYPE | <input type="checkbox"/> PRE-TRIP <input type="checkbox"/> POST-TRIP | DATE            | _____                                                                                      |
| STATION         | _____                                                                | SHIFT           | <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Overnight |
| UNIT / ASSET #  | _____                                                                | HOUR / ODOMETER | _____                                                                                      |
| INSPECTOR       | _____                                                                | EQUIPMENT TYPE  | LAV Cart                                                                                   |

Mark one box for every inspection item. Any failed item must be described below.

| #  | INSPECTION ITEM            | PASS                     | FAIL                     | N/A                      |
|----|----------------------------|--------------------------|--------------------------|--------------------------|
| 1  | General condition          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2  | Tires, wheels, and tow bar | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3  | Parking brake / chocks     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4  | Waste tank                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5  | Fill tank                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6  | Hoses and couplers         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7  | Valves and controls        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8  | Pump operation             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9  | Spill kit and PPE          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 | Sanitation condition       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11 | Placards and labels        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12 | Fluid leaks                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

DEFECTS / DAMAGE / CORRECTIVE ACTION / REMARKS

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|-----------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Equipment safe for service | <input type="checkbox"/> OUT OF SERVICE / TAGGED |
| Person notified: _____                              | Time notified: _____                             |
| Inspector signature: _____                          | Time completed: _____                            |
| Supervisor review/signature: _____                  | Date: _____                                      |