



Powered by **AIM360**

Severe Weather Event

Damage Inspection

Unit Number			
Chassis Type	20' FB	20' SLD	40' GN
	Other: _____		
License Plate			
VIN Number			
Chassis Make / Year			
Location			

No. _____

Date:			
	A		
Revised Date	B		
	C		
Casualty Loss:	Yes	No	
Stacked Chassis:	Yes	No	# in Stack: _____

Tires				Pass	Fail
L/S	<input type="checkbox"/>	Front Outer:			
	<input type="checkbox"/>	Front Inner:			
	<input type="checkbox"/>	Rear Outer:			
	<input type="checkbox"/>	Rear Inner:			
R/S	<input type="checkbox"/>	Front Outer:			
	<input type="checkbox"/>	Front Inner:			
	<input type="checkbox"/>	Rear Outer:			
	<input type="checkbox"/>	Rear Inner:			
Type	<input type="checkbox"/>	10 X 20 Tube			
	<input type="checkbox"/>	11 X 22.5 Radial			
	<input type="checkbox"/>	11 X 22.5 Tubeless			
	<input type="checkbox"/>				







Frame, Twistlock, Lock PIN, Registration			Pass	Fail
Registration	Illegible:	Missing:		
License Plate	Illegible:	Missing:		
Front Lock Pins & Keeper	RH	LH		
Front Twist Locks & Keeper	RH	LH		
Locking Pin - Slider	RH	LH		
Linkage or Slider Frame				
King Pin Assy				
Main Rails & Cross member				
Front Bolster				
Rear Bolster				

Brakes & Running Gear				Pass	Fail
Slack Adjuster	<input type="checkbox"/>	Automatic			
	<input type="checkbox"/>	Manual			
Brake Shoes	<input type="checkbox"/>	Right Front	OK Clean Out		
	<input type="checkbox"/>	Left Front	OK Clean Out		
	<input type="checkbox"/>	Right Rear	OK Clean Out		
	<input type="checkbox"/>	Left Rear	OK Clean Out		
Wheel Seal	<input type="checkbox"/>	Oil	RF LF		
	<input type="checkbox"/>	Grease	RR LR		
Bearing Lubrication	<input type="checkbox"/>	Oil			
	<input type="checkbox"/>	Grease			
Hub Cap	<input type="checkbox"/>	Oil Type	RF LF		
	<input type="checkbox"/>	Grease Type	RR LR		

Electrical		Pass	Fail
ABS	<input type="checkbox"/>	Yes	
	<input type="checkbox"/>	No	
Wire Harness	<input type="checkbox"/>	Main Harness	
	<input type="checkbox"/>	Rear Harness	
	<input type="checkbox"/>	Outriggers	
7-Way Receptacle	<input type="checkbox"/>		
	<input type="checkbox"/>		
Grommets	<input type="checkbox"/>	Marker Light	
	<input type="checkbox"/>	Tail Light	
	<input type="checkbox"/>	Cross Member	
	<input type="checkbox"/>	Other:	

Severe Weather Event

Damage Inspection

Brakes & Running Gear			Pass	Fail
Wheel & Drum	<input type="checkbox"/> 5-Spoke			
	<input type="checkbox"/> Disc			
Rim	<input type="checkbox"/> Tube Type	RFO RFI LFO LFI		
	<input type="checkbox"/> Tubeless	RRO RRI LRO LRI		
Rim Spacer	<input type="checkbox"/> Channel Type	RF LF		
	<input type="checkbox"/> Corrugated Type	RR LR		
Valve Stem & Cap	<input type="checkbox"/> Need	Steel ()		
	<input type="checkbox"/> No Need	Plastic ()		
Suspension Hangers	<input type="checkbox"/>			
Leaf Springs	<input type="checkbox"/>			
Bearings	<input type="checkbox"/>			
Air Tanks	<input type="checkbox"/>			
Air Valves	<input type="checkbox"/>			
Slack Adjusters & Brake Chambers	<input type="checkbox"/>	 FRT  RR		
	<input type="checkbox"/>	 FRT  RR		
	<input type="checkbox"/>	 FRT  RR		
Comments:				

Electrical			Pass	Fail
Lights	<input type="checkbox"/> Front Marker	Operation / Lense		
	<input type="checkbox"/> Side Marker	Operation / Lense		
	<input type="checkbox"/> Rear Side Marker	Operation / Lense		
	<input type="checkbox"/> Stop / Tail	Operation / Lense		
	<input type="checkbox"/> Rear Marker	Operation / Lense		
	<input type="checkbox"/> License Plate	Operation / Lense		

Landing Gear			Pass	Fail
Landing Gear	<input type="checkbox"/> Drive Leg			
	<input type="checkbox"/> Idle Leg			
Mount Bracket	<input type="checkbox"/>			
Cross Channel	<input type="checkbox"/>			
Shoe	<input type="checkbox"/> 10"x10" Low Profile Sand Shoe			
	<input type="checkbox"/> 10"x10" High Profile Sand Shoe			
	<input type="checkbox"/> 10" Cushion Shoe			
	<input type="checkbox"/> Other:			
Axle	<input type="checkbox"/> Tube			
	<input type="checkbox"/> Solid			
Wheel / Sandshoe	<input type="checkbox"/> Need			
	<input type="checkbox"/> No Need			
Handle	<input type="checkbox"/>			
	<input type="checkbox"/>			
Support	<input type="checkbox"/> Skirt			
	<input type="checkbox"/> Pipe Brace			

Inspector _____

Date _____

THE ABOVE SIGNED HEREBY STATES THAT ALL INFORMATION ON THIS REPORT WAS INSPECTED AND WITNESSED ON THE ABOVE DATE. THIS DOCUMENT AND ITS CONTENTS ARE PROPERTY OF FLEXI-VAN LEASING AND ARE FOR INTERNAL USE ONLY. IT'S INTENT AND CONTENTS ARE IN NO WAY RELATED TO OR SUBSTITUTION OF FMVSS OPERATING PROCEDURES, FHWA / FMCSA INSPECTIONS, OR ANY OTHER STATE OR FEDERAL INSPECTION POLICY.