

Form J-1

Trailer Interchange and Safety Inspection Form

Station _____ Date _____ Time _____

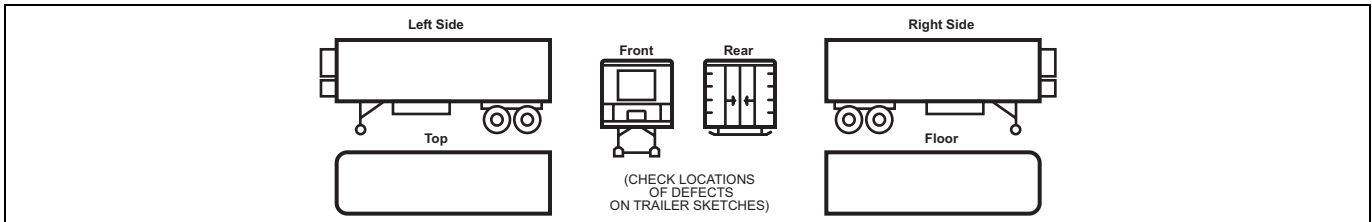
Delivered by _____ Received by _____

Initial & Number _____ Check One: Trailer Container _____ Bogie or Chassis No. _____

Seal No. _____ License No. _____

Origin _____ Route _____ Destination _____

Mark clearly all damage or deficiency by inspection symbol "C" (Cut) "H" (Hole)



Explain Defects:

Department of Transportation Federal Highway Administration regulations require each part listed to be inspected.

If no exception, use check mark				Otherwise describe					
Clearance Lights:	Front <input type="checkbox"/>	Rear <input type="checkbox"/>	Directional Stop Lights <input type="checkbox"/>	Position	Brand No.	Condition	Position	Brand No.	Condition
Side Markers:	Left <input type="checkbox"/>	Right <input type="checkbox"/>	Tail Light <input type="checkbox"/>	R.O. Front			L.O. Front		
Reflectors:	Left Side <input type="checkbox"/>	Right Side <input type="checkbox"/>	Rear <input type="checkbox"/>	R.I. Front			L.I. Front		
Wiring:	Right End Protection <input type="checkbox"/>			R.O. Front			L.O. Front		
Brakes:	Hoses <input type="checkbox"/> Connections <input type="checkbox"/>			R.I. Front			L.I. Front		

Additional Equipment

Item	Number	Visible	Not Visible	Item	Number	Visible	Not Visible	Item	Number	Visible	Not Visible
Tarpaulin				Side Section				Mud Flaps			
Cross Bow				End Gates				Landing Gear			
Chains				Bulk-heads				Tie Rods			
Binders				Floor Racks				Batteries			

Inspected and Exceptions Noted

Delivered By _____ Received By _____

Inspected By _____ Inspected By _____