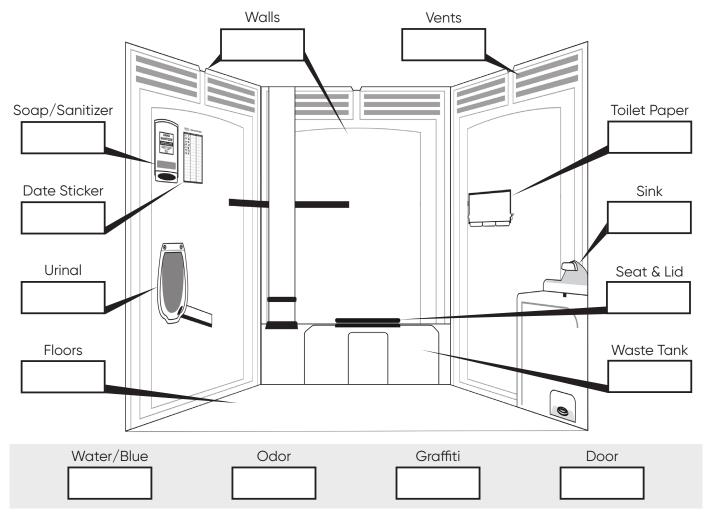
P First Name:_____ Last Name:_____

Inspected By:_____ Date:___

VIOLATION TALLY MARKS



Inspection Notes:

TODAY'S INSPECTION		UNITS INSPECTED:	
TODAT SINSPECTION			
New Lifetime Average:	Driver Signature:		
Previous Lifetime Average: Supervisor Signature:			
To dow to route increasing a will be digitally	(appet to		\sim 7.00 pm tonight
Today's route inspections will be digitally			_@ 7.00pm tonight

ROUTE	OBSERVATION RES	ULT			Service Sanitation
First Name:	Last Name:	_ Route	#:(_) Truck #:	
Date:	Driver Type: ProFlush Trailer	Service Tech	Road C	onditions: Dry	Wet Snowy Icy
Must Pass		Yes	No	Not Observed	Comments
Valid license in	possession?				
Medical card in	n possession?				
Full pre-trip co	mplete? (🔞 must take picture of pre-trip)				
Safe Driving		Yes	No	Not Observed	Comments
Drives at appro	opriate speed for conditions				
Allows 5-7 seco	onds following distance				
Does not oper	ate phone while driving				
Wears seatbel	t at all times while vehicle in motion				
Adjusts/cleans	s/checks mirrors (look & lean for blindspots)				
Avoids backing	g/backs cautiously/gets out to look				
Uses turn signa	als in advance of turn/lane change				
Complete stop	at signs & right turns on red				
Stops and star	ts with caution				
Turns to & from	n correct lanes & yields right of ways				
Truck and traile	er lights all properly functioning				
Applies 4 way	flashers & beacon when at work stop				
Personal Safet	у	Yes	No	Not Observed	Comments
SSI uniform/ou	iter layer hi-visibility/safety toe boots	6			
Safety glasses	/gloves when servicing/pumping				
3 points of con	ntact when entering/exiting vehicle				
Proper lifting/u	uses dolly to load/unload/move units	5			
Service Stando	ards	Yes	No	Not Observed	Comments
Follows deliver	y & service procedures (and auth #'s)				
Adds appropri	Adds appropriate work order notes into tablet				
Completes wo	rk in an acceptable amount of time				
Equipment/Ot	her	Yes	No	Not Observed	Comments
Chemical cont	ainers labeled & stored				
Units secured v	w/correct number of straps				
Minor traffic/so	afety violation (list violation in comments)				
Major traffic/se	afety violation (list violation in comments)				
					Unit %

Driver Signature: _____ Observer Name: _____

First Name:	Last	t Name:		Route #: ()_ Date:
Customer #:		Stop #:	Unit T	ype: Unit #:
Must Pas	S	Pass	Fail	Comments
Date sticker present &	ated			
Missing add-ons/ame	enities			
Hand sanitizer (if on acc	ount)			
Supply	Excellent	Satisfactory	Needs Improvement	Comments
TP & supplies				2 Bar = 2 Rolls 3 Bar = 2-3 Rolls
Water & blue				More: Water Blue Less: Water Blue
Cleanliness	Excellent	Satisfactory	Needs Improvement	Comments
Urinal or sink (circle one)				
Walls & door				
Tank, seat, lid				
Floor				
Graffiti				
Exterior				
Unit odor				
Mechani	cal Functionality	/	x	Comments
Unit not on a stable s	urface			
Vent pipe not present	or attached			
Tank is not attached	properly/damag	ged		
Urinal is not attached	properly/dama	aged		
Skids are not attache	d properly/dam	naged		
Toilet paper dispenser/cotter pin damaged				
Hand san/dispensers not attached properly				
Walls & vents are not attached or have holes				
Toilet seat/lid not attached properly/damaged				
Door handles/hinges/springs/cables not attached				
Winter Spec	cific	Yes	No	Comments
Salt in urinal				
				Unit %

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