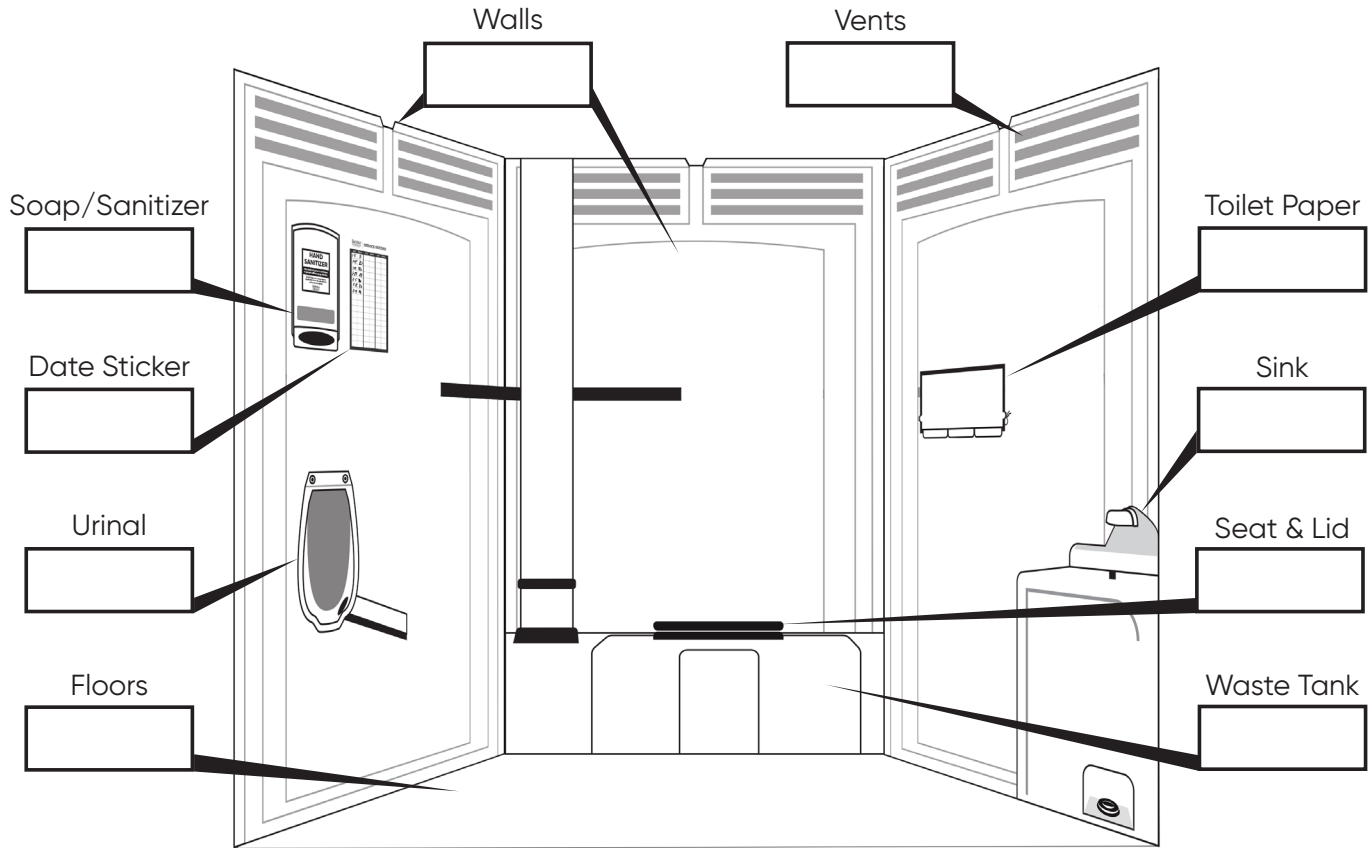


First Name: _____ Last Name: _____

Inspected By: _____ Date: _____

VIOLATION TALLY MARKS



Water/Blue	Odor	Graffiti	Door
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Inspection Notes:

TODAY'S INSPECTION SCORE: _____ **UNITS INSPECTED:** _____

New Lifetime Average: _____ **Driver Signature:** _____

Previous Lifetime Average: _____ **Supervisor Signature:** _____

Today's route inspections will be digitally sent to _____ @ 7:00pm tonight

ROUTE OBSERVATION RESULT

First Name: _____ Last Name: _____ Route #: _____ () Truck #: _____

Date: _____ Driver Type: ProFlush Trailer Service Tech Road Conditions: Dry Wet Snowy Icy

Must Pass	Yes	No	Not Observed	Comments
Valid license in possession?				
Medical card in possession?				
Full pre-trip complete? (📷 must take picture of pre-trip)				
Safe Driving	Yes	No	Not Observed	Comments
Drives at appropriate speed for conditions				
Allows 5-7 seconds following distance				
Does not operate phone while driving				
Wears seatbelt at all times while vehicle in motion				
Adjusts/cleans/checks mirrors (look & lean for blindspots)				
Avoids backing/backs cautiously/gets out to look				
Uses turn signals in advance of turn/lane change				
Complete stop at signs & right turns on red				
Stops and starts with caution				
Turns to & from correct lanes & yields right of ways				
Truck and trailer lights all properly functioning				
Applies 4 way flashers & beacon when at work stop				
Personal Safety	Yes	No	Not Observed	Comments
SSI uniform/outer layer hi-visibility/safety toe boots				
Safety glasses/gloves when servicing/pumping				
3 points of contact when entering/exiting vehicle				
Proper lifting/uses dolly to load/unload/move units				
Service Standards	Yes	No	Not Observed	Comments
Follows delivery & service procedures (and auth #'s)				
Adds appropriate work order notes into tablet				
Completes work in an acceptable amount of time				
Equipment/Other	Yes	No	Not Observed	Comments
Chemical containers labeled & stored				
Units secured w/correct number of straps				
Minor traffic/safety violation (list violation in comments)				
Major traffic/safety violation (list violation in comments)				

Driver Signature: _____ Observer Name: _____ Unit %

ROUTED INSPECTION RESULT

First Name: _____ Last Name: _____ Route #: _____ () Date: _____

Customer #: _____ Stop #: _____ Unit Type: _____ Unit #: _____

Must Pass	Pass	Fail	Comments
Date sticker present & dated			
Waste tank evacuated			
Hand sanitizer (if on account)			
Other			

Unit Number	Yes	No	Correct Unit Number
Unit tag matches paperwork			
More than 30 feet from truck?			

Supply	Satisfactory	Needs Improvement	Poor	Comments
Toilet paper				2 Bar < 1.5 Rolls 3 Bar < 2.5 Rolls
Water & blue				More: Water Blue Less: Water Blue

Cleanliness				Comments
All Units	Satisfactory	Needs Improvement	Poor	

Urinal OR sink (circle one)				
Walls and door				
Tank, toilet seat, lid				
Floor				
Graffiti				
Exterior				
Unit Odor				

Mechanical Functionality	X	Comments
Unit not on a stable surface		
Vent pipe not present or attached		
Tank is not attached properly/damaged		
Urinal is not attached properly/damaged		
Skids are not attached properly/damaged		
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		

Unit %

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