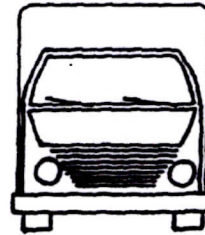
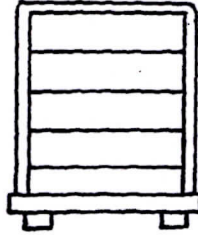
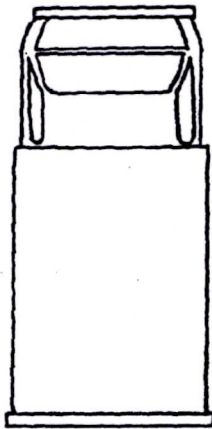
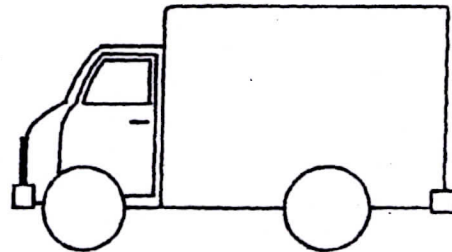
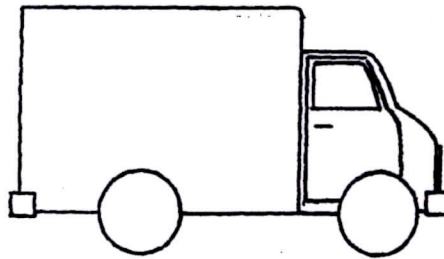


PROD. #:	PRODUCTION TITLE:
DIRECTOR:	PRODUCER:

PRODUCTION VEHICLE INSPECTION FORM - CUBE TRUCK



INDICATE DAMAGED AREA WITH CIRCLE:



Check Out:

Name:	Signature:
Time:	Date:

GAS: FULL	$\frac{3}{4}$	$\frac{1}{2}$	$\frac{1}{4}$	EMPTY	OIL: ADD	OK
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TIRES: OK	R & R	AIR	FLUIDS:	COOLANT	TRANS	BRAKE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ELECTRIC: BATT	LIGHTS	SIGNALS	BRAKE	INT.		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
FIRE EXTINGUISHER:	<input type="checkbox"/> YES	<input type="checkbox"/> NO				

Check In:

Name:	Signature:
Time:	Date:

PRODUCTION COORDINATOR SIGNATURE _____