

ROAD CHECK FORM



By: _____

MONTH _____ DAY _____ YR. _____ TIME: _____ AM _____ PM
COMPANY NAME: _____
ADDRESS _____

Unit #'s where possible)

TRUCK/TRACTOR # _____ LICENSE # _____
TRAILER # _____ LICENSE # _____
Driver Name (if known) _____

HIGHWAY/ROUTE # _____ NEAR _____

DIRECTION: N E S W TOWARD _____

ROAD/WEATHER CONDITIONS:

CLEAR CLOUDY RAIN SNOW ICE OTHER

POSTED SPEED LIMIT _____ HIGH SPEED _____

LEVEL UPGRADE DOWNGRADE
DISTANCE OBSERVED _____ ROAD TYPE _____

DRIVING VIOLATIONS

- | | | |
|--|--|--|
| <input type="checkbox"/> None Observed | <input type="checkbox"/> Excessive Speed | <input type="checkbox"/> Follows too close |
| <input type="checkbox"/> Blocks traffic | <input type="checkbox"/> Weaving | <input type="checkbox"/> Passing on hill |
| <input type="checkbox"/> Passed in curve | <input type="checkbox"/> Passed in intersection | <input type="checkbox"/> Improper passing |
| <input type="checkbox"/> Does not signal | <input type="checkbox"/> Erratic speed | <input type="checkbox"/> Sign violation |
| <input type="checkbox"/> Improper turn | <input type="checkbox"/> Signal violation | <input type="checkbox"/> Improperly parked |
| <input type="checkbox"/> Passenger | <input type="checkbox"/> Improperly secured load | <input type="checkbox"/> Other (Specify) |

VEHICLE DEFECTS

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> None Observed | <input type="checkbox"/> Lights (specify) | <input type="checkbox"/> Tires/Wheels |
| <input type="checkbox"/> Load | <input type="checkbox"/> Smoke | <input type="checkbox"/> Placarding |
| <input type="checkbox"/> Other (specify) | | |

REMARKS: _____

