



# RISK CONTROL



Risk Control at UFG Insurance | riskcontrol@unitedfiregroup.com | 800-828-2705

## Ready mix vehicle inspection report

INSPECTION ITEMS	DEFECTIVE	
<b>General maintenance</b>		
Tires — pressure and tread	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Turn signals	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Brake lights	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Lights — headlamps	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Air lines	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Wheels/rims	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Suspension	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Exhaust system	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4-way flashers	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Engine</b>		
Oil leaks	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Coolant leaks	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Battery corrosion	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Belt maintenance	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<b>Interior cab</b>		
Windshield wipers	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Brakes	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Horn	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Gauges operational	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Heater/air conditioning	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Floor area clear	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Emergency equipment — triangles	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Fire extinguisher	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Safety belt	<input type="checkbox"/> YES	<input type="checkbox"/> NO

UFG Insurance is the marketing name used to refer to United Fire & Casualty Company and its property and casualty subsidiaries and affiliates. This form, supplied by UFG Insurance, merely provides minimum guidelines to follow and may be utilized as a tool for fact-gathering purposes to assist in your investigation. The information requested above is not exhaustive and you should, at your own discretion, request any necessary additional information as the specific situation may warrant.



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INSPECTION ITEMS	DEFECTIVE	
<b>Equipment</b>		
Ladder — secured and maintained	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Tie downs	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Chutes	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Warning symbols	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Water tank	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Water hose	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Mirrors	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Hydraulics	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Other	<input type="checkbox"/> YES	<input type="checkbox"/> NO

Comments:

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DRIVER NAME

DATE

TRUCK NUMBER

MAINTENANCE COMPLETED BY

DATE

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