U.S. DOD Form dod-nes-8

NEX/COMSYSTO DRIVERS WEEKLY VEHICLE FORKLIFT REPORT

FORM SS/8 (REV. 6-82)

NOTE:
CHECK ALL ITEMS AND EXPLAIN
DISCREPANCIES UNDER "REMARKS".

COMSYSTO/NEX LOCATION	STORE/NEX NO.	USN/FARC NO.	VEHICLE TYPE	DEPT.	DATE

DATES	FROM	TO	TOTAL HRS.	DATES						TOTAL
FORKLIFT HOURMETER				VEHICLE FUEL QTY.						

WEEKLY TOTAL MILEAGE _____ ÷ TOTAL FUEL _____ = _____ MPG (OTHER THAN BUTANE)

NO	☑ ACCEPTABLE ITEM	X SEE REMARKS	NO.	ITEM
1	☐ STEERING MECHANISM		16	☐ ENGINE (GENERAL)
2	☐ SERVICE BRAKE ☐ REAR ☐ FRONT		17	☐ EXHAUST SYSTEM (LEAKS?)
3	☐ PARKING BRAKE ☐ REAR ☐ FRONT		18	☐ VEHICLE GLASS
4	☐ TIRES		19	☐ WINDSHIELD DEFROSTER
5	☐ REAR VIEW MIRRORS		20	☐ RADIATOR & HOSES
6	☐ WINDSHIELD WIPERS		21	☐ GENERATOR OR ALTERNATOR
7	☐ HORN		22	☐ STARTER
8	☐ LIGHTS		23	☐ CLUTCH
9	☐ SPARE BULBS AND FUSES		24	☐ HEATER
10	☐ REFLECTORS		25	☐ FIRE EXTINGUISHER
11	☐ OIL LEVEL		26	☐ REFRIGERATION EQUIPMENT
	FORKLIFT			**FORKLIFT**
12	☐ HYDRAULIC COMPONENTS (LEAKS)		27	☐ OPERATION OF LIFT MAST
13	☐ HYDRAULIC RESERVOIR OIL (LEVEL)		28	☐ OPERATION OF TILT CONTROLS
14	☐ BATTERY WATER (LEVEL)		29	☐ OPERATION OF ATTACHMENT CONTROL
15	☐ LP GAS (LEAKS)			☐ OTHER (SPECIFY)

ITEM NO.	REMARKS

SIGNATURE, DRIVER

APPROVED, DEPT. MANAGER

NOTE: FORWARD TO FACILITY MAINT. MGR./COMSYSTO REGIONAL OIC MONTHLY