

ELE Logistics, Inc

2710 Burch Drive
Charlotte, NC 28269

Trailer Inspection

Location:

Drop Pickup

Company: _____

Address: _____

City/St/Zip: _____

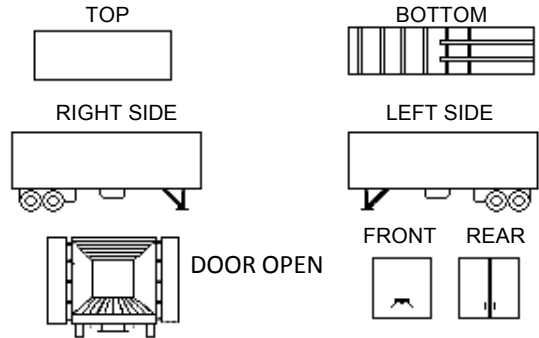
Date: _____

Truck No: _____

Trailer No: _____

MARK DOWN ANY DAMAGES

USE THESE SYMBOLS FOR DAMAGE IDENTIFICATION
P=Patch B=Bent C=Cut M=Missing BR=Broken H=Hole S=Scrape



Tires: _____

Comments:

Date In/Out: _____ Time: _____

Driver Name: _____

Signature: _____

DAMAGES AT SHIPPER/RECEIVER

Date: _____

Company Name: _____

Address: _____

City/St/Zip: _____

Phone: _____

Comments:

Have Shipper/Receiver sign off on Damages

Print Name: _____

Sign Name: _____

Date: _____