



Opiet

573-392-6525 • DANNY OPIE, President

DRIVERS PRE-LOAD INSPECTION

DATE: _____ TRACTOR: _____ TRAILER: _____

PRIOR PRODUCT: 1. _____ 2. _____ 3. _____

DATE WASHED: _____ 20 _____ TIME WASHED: _____
AM
PM

WASH LOCATION: _____

COMPANY _____ CITY _____ STATE _____

SEAL NUMBERS: _____

I _____ verify all information above is true and accurate.

PRINT NAME

Furthermore, I have inspected the tank, hoses and pump upon completion of wash and find them clean, sanitary and ready for loading.

DRIVERS SIGNATURE