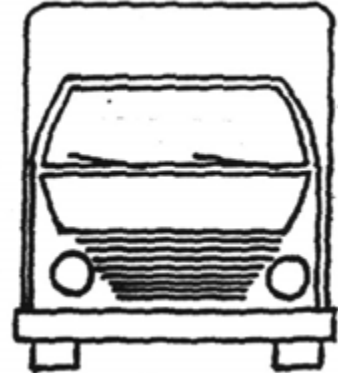
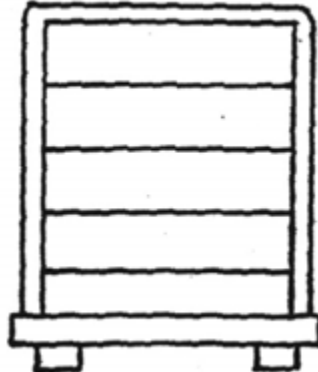
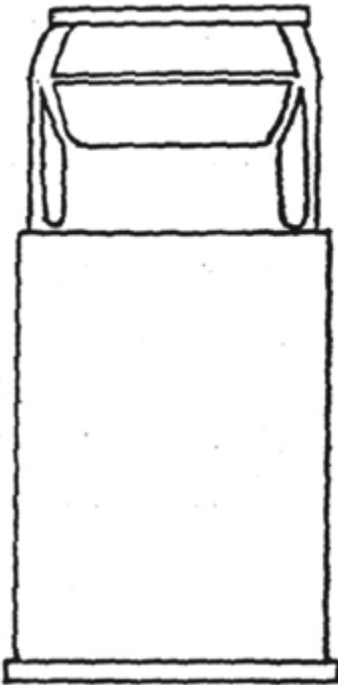


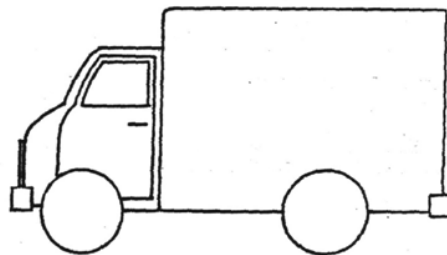
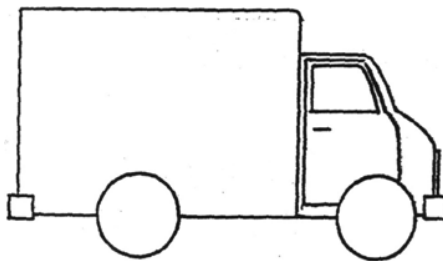
Motion Picture/Television

COURSE NAME AND NUMBER			
PROD. #		PRODUCTION TITLE	
Producer		Director	

PRODUCTION VEHICLE INSPECTION FORM - CAMERA TRUCK



Indicate Damaged Area With Circle:



Check Out:

Name: _____

Time: _____

Signature: _____

Date: _____

GAS:	<input type="checkbox"/> Full	<input type="checkbox"/> 3/4	<input type="checkbox"/> 1/2	<input type="checkbox"/> 1/4	<input type="checkbox"/> Empty	OIL:	<input type="checkbox"/> Add	<input type="checkbox"/> OK
TIRES:	<input type="checkbox"/> OK	<input type="checkbox"/> R&R	<input type="checkbox"/> AIR	FLUIDS:	<input type="checkbox"/> Coolant	<input type="checkbox"/> Trans	<input type="checkbox"/> Brake	
ELECTRIC:	<input type="checkbox"/> BATT	<input type="checkbox"/> LIGHTS	<input type="checkbox"/> SIGNALS	<input type="checkbox"/> BRAKE	<input type="checkbox"/> INT.	Fire Extinguisher	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Check In:

Name: _____

Time: _____

Signature: _____

Date: _____

Production Coordinator or Head of Production Signature

Date