



GEORGIA COMMERCIAL WASTE VEHICLE INSPECTION FORM

Date: _____

State of Georgia Reg. No.: _____

Report Directions:**Section 1: Transporter Information**

Step #1: This section is information about your company. Fill in this section prior to the inspection

Step #2: Provide copies of each truck(s) inspection report for the past 7 days prior to the inspection. DVIR Report (DAILY VEHICLE INSPECTION REPORT)

Section 2 & 3: Vehicle Inspection Information (This is to be filled out at time of inspection)

Step #1: List information about the vehicle (all information is required)

Step #2: Answer (yes or no) to each item that pertains to the vehicle.

SECTION 1: TRANSPORTER INFORMATION

Business Name: _____ Business Owner: _____

Business Address: _____ Point of Contact: _____

City: _____ State: _____ Zip: _____ Point of Contact Phone: _____

Phone Number: _____ Fax Number: _____ E-mail Address: _____

Type of Waste Transported: Grease Trap Waste Oil / Water Sand / Grit Other: _____**SECTION 2: VEHICLE / TRUCK IDENTIFICATION: (note: these items must be on both sides of the vehicle / truck) *REQUIRED ITEMS***

Vehicle/Truck Required.	Vehicle / Truck #1	Vehicle / Truck #2	Vehicle / Truck #3	Vehicle / Truck #4
1.) Name of Person or Firm:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.) FOG Permit Number (EPD Issued):	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.) Vehicle Type (see note below):	Type #: _____	Type #: _____	Type #: _____	Type #: _____
4.) DOT Number of Truck or Trailer:	DOT#: _____	DOT#: _____	DOT#: _____	DOT#: _____
5.) Gallon Capacity:	_____	_____	_____	_____
6.) State Tag Number:	_____	_____	_____	_____
7.) VIN Number (Truck Cab or Tailor):	_____	_____	_____	_____

SECTION 3: VEHICLE / TRUCK MAINTENANCE: (DVIR IS REQUIRED FOR THE PAST 7 DAYS)

1.) Daily Vehicle Inspection Report:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.) Gate & Ball Valves Leak:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.) Water Tight Tank & Body:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.) Leakage From Any Hoses:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.) Caps on all Valves:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.) If Tank, Is Tank Secured:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.) Photo Survey of Vehicle Taken:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.) FOG Permit Number Issued:	FOG# _____	FOG# _____	FOG# _____	FOG# _____
Permit Issued:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vehicle Inspection Fee:	_____	_____	_____	_____

***VEHICLE TYPE INFORMATION (SELECT 1,2,3 or 4)**

- Truck vacuum vacuum tank mad fabricated fabricated metal with gross weight over 10,001 lbs.
- Truck mounted vacuum semi-trailer made of fabricated metal (Each trailer gets a permit)
- Truck with a roll-off bed with a vacuum vacuum tank of fabricated metal (each tanks gets a permit)
- Tank mounted on truck or trailer that conforms to 49CFR transportation regulations section 178.
Tank must be secured to the transport vehicle or trailer and follow DOT specifications for type of chemical.
Can be either vacuum or storage type tank for transportation. MUST have a combined gross weight of 10,001 lbs.
If tank is vacuum must be a metal tank. ALL TANKS MUST BE OVER 119 GALLONS TO BE APPROVED.

Total Amount Due: _____

FEES ARE DUE AT TIME OF INSPECTION
 Inspection fees are as follows:
 1st Vehicle \$250.00. Each additional
 Vehicle is \$100.00 each.

LGA Inspecting: _____ Name of Inspector: _____

Inspector Telephone #: _____ Inspector Signature: _____ Date: _____

Company Representative: _____ Company Signature: _____

In no part does this inspection form deem the above vehicles safe for road conditions. DOT is the regulatory on Commercial Vehicles and is responsible for enforcement.
 The purpose of this inspection is to deem at the time of the inspection this vehicle(s) did not leak within the inspection period and at the time of the inspection meet the requirements under Chapter 391-3-6 EPD Rules and Regulations for Commercial Transporters. At no point is any persons on this form responsible for the safety of said vehicles.