MOBILE HOME INSPECTION RECORD					1. DATE (YYYYMMDD)							
		PRIVACY ACT	STATEMENT									
AUTHORITY: 37 USC 406; 5 USC 5726; PRINCIPAL PURPOSE(S): To docume documentation for any action arising from ROUTINE USE(S): Information containe	ent inspection of Mobile a carrier's unsatisfactor	e Homes and accou y performance.	nt for any violations									
performance reasons.	,	, ,		,								,
DISCLOSURE: Voluntary; however, failur		,	,	am.								
		b. SCAC	CIDENTIFICATION		-P d	601						NG
2a. NAME OF CARRIER		D. SCAC	(To be completed by carrier at origin.)		ER d. GOVERNMENT BILL OF LADING NUMBER						10	
3a. NAME OF MEMBER		b. SOCIAL SECURI	LA NUMBER			c. RANK/PAY GRADE						
4a. ORIGIN SHIPPING OFFICE		b. GBLOC NO.	5a. DESTINATION SHIPPING OF			FFICE			ľ	b. GBLOC NO.		
c. ORIGIN ADDRESS (Include city, state	e and zip code.)		c. DESTINATION	ADDRESS (Inclu	de city,	state	and 2	zip co	de.)			
		PART II - SPEC										
6a. MOBILE HOME (Make)			7. TIRES (To be completed by the carrier at origin)									
			(1) SIZE	(2) PLY RATI	NG (3)	MFR	SER		10.	(4) *C	ONDI	ΓΙΟΝ
			a. LEFT 1									
b. MODEL	8. DIMENSIONS	(Actual)	b. LEFT 2									
	(1) FEET & INCHE	S (2) EXPANDO	c. LEFT 3									
	a. HEIGHT		d. LEFT 4									
			e. RIGHT 1									
c. SERIAL NUMBER	b. LENGTH		f. RIGHT 2									
			g. RIGHT 3									
	c. WIDTH		h. RIGHT 4									
			*CONDITION: G - GOOD; F - FAIR; P - POOR									
		PART III - IN	SPECTION									
9. ORIGIN INSPECTION COLUMN made at origin by the Carrier or th DESTINATION INSPECTION CO	e ITO. LUMN - complete Of	•			(a)		(b)	то	(DEST a)	(b)	то
is made at destination by the Carr					YES	NO	YES	NO	YES	NO	YES	NO
a. Was the Mobile Home unblocked?												
b. Do springs have adequate/normal												
c. Is there a minimum 3-inch clearan												
d. Does Mobile Home appear to be overloaded?												
e. Do structural members, including			han land									
f. Are all visible frame to body attach			DIOKEN?									
 g. Does exterior paneling/molding ap h. Are brake and clearance lights an 			up 2									
•	• •		•									
i. Does member acknowledge that wheel bearings have been packed within the last 90 days?j. Is Mobile Home equipped with operable brakes at time of hook up?												
k. Are wheel lugs tight?												
 Does member acknowledge that p 	lumbing has been dr	ained and protecte	d from freezing?									-
•	•	•	0									
 m. Does member acknowledge that all appliances/utilities have been serviced? n. Have attached items been detached and stowed inside (<i>TV antenna, air conditioner, etc.</i>)? 												
 o. Are all fixtures which cannot be removed anchored securely? 												
p. Have all utilities been disconnected and secured?												
 p. Have an additional been accounted and becology. q. Does member acknowledge that all prohibited items have been removed? 												
r. Does member acknowledge that a properly packed and secured?												
s. Have loose furniture and heavy moveable items been secured above and forward of axles?												
t. Are drawers, cabinets, and sliding doors secured or taped?												
u. Are mirrors, windows and other glass cross (X) taped?												
v. Is Mobile Home equipped with valid license or permit?												
w. Are interior contents properly inver		•										
x. Does the Mobile Home meet the traintermediate states?			ation and			\square						
y. Do exterior doors lock? Have keys been given to carrier?					1							

1. DATE (YYYYMMDD)

10. GENERAL CONDITION. Record degree and precise location of any apparent damage at origin or destination to the Mobile Home equipment (fixed or installed), including interior and exterior surface such as dented panels, loose or missing trim, broken windows, scratched or marred surfaces, etc. USE DIAGRAM TO ILLUSTRATE DAMAGES. Use the illustrated codes to indicate origin/destination damage and who performed inspection. If no damage exists, indicate NONE.										
NOTE: MARK "X" = ITO/REPRESENTATIVE										
ORIGIN "O" = CARRIER DESTINATION										
Left Side Rear Right Side	Front	Left Side Rear	Right Side	Front						
11. REPORT OF DAMAGES INDICATED. (Condition	n of Mobile Home ar	nd fixtures at "ORIGIN" and "DESTINA	TION" is as described	above.)						
12. ORIGIN ITO/INSPECTOR (If applicable) TYPED OR PRINTED NAME (Last, First, Middle	Initial)	13a. ORIGIN ITO/REPRESENTATIVE SIGNATURE		b. DATE (YYYYMMDD)						
	,									
14a. ORIGIN CARRIER REPRESENTATIVE SIGNATURE	b. DATE (YYYYMMDD)	15a. ORIGIN MEMBER/AGENT SIGN	ATURE	b. DATE (YYYYMMDD)						
16. DESTINATION ITO/INSPECTOR (If applicable) TYPED OR PRINTED NAME (Last, First, Middle Initial)		17a. DESTINATION ITO/REPRESEN SIGNATURE	TATIVE	b. DATE (YYYYMMDD)						
18a. DESTINATION CARRIER REPRESENTATIVE SIGNATURE	b. DATE (YYYYMMDD)	19a. DESTINATION MEMBER/AGEN SIGNATURE	T b. DATE (YYYYMMDD)	c. TIME OF DELIVERY						