



Date of Audit	Time of Audit <input type="checkbox"/> AM <input type="checkbox"/> PM	Operator Name	Badge No.
Project Engineer		Location	

Performance Audit

Transport Vehicle Type	Gauge No.
Check all that apply	Comments / Additional Information
<input type="checkbox"/> Handle Lock	
<input type="checkbox"/> Box Lock	
<input type="checkbox"/> Hold Down Lock	
<input type="checkbox"/> Third Lock	
<input type="checkbox"/> Blocking Used	
<input type="checkbox"/> Low Visibility	
<input type="checkbox"/> Transport Sheet	

Reported by RSO or Designee (Print Name)	Signature
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