



Skip Bradshaw, City Clerk  
**CITY OF JACKSONVILLE**  
 200 W. Douglas, Jacksonville, IL 62650  
 217-479-4613

**SANITATION VEHICLE INSPECTION REPORT**

Name of Business \_\_\_\_\_ Street Address, City, State (Zip) \_\_\_\_\_ Person presenting Vehicle \_\_\_\_\_

Business Telephone: \_\_\_\_\_

**MAKE OF TRUCK** \_\_\_\_\_ **YEAR** \_\_\_\_\_ **SIZE** \_\_\_\_\_

**TRUCK MODEL** \_\_\_\_\_ **TRUCK NUMBER** \_\_\_\_\_

**Type of Truck:**  Packer  Open Truck  Tarps  Tarp Straps

**Mechanical Inspection:**

Hydraulic Hoses  Pass  Fail Comments: \_\_\_\_\_  
 Hydraulic Cylinder  Pass  Fail Comments: \_\_\_\_\_  
 Dumping Operation  Pass  Fail Comments: \_\_\_\_\_  
 Brakes  Pass  Fail Comments: \_\_\_\_\_  
 General Condition  Pass  Fail Comments: \_\_\_\_\_  
 Safety Sticker  Pass  Fail Comments: \_\_\_\_\_

**OVERALL RATING**  Pass  Fail Reason for rejection: \_\_\_\_\_

**Sanitation Inspection:**

Closed Container  Yes  No  
 Tailgate Seals  Yes  No  
 County & City Regulations for Health on City Streets  Yes  No

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Inspected By: \_\_\_\_\_ for the City of Jacksonville, IL.

Address: \_\_\_\_\_ Phone \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

The following information to be completed by the Jacksonville Police Department

The above vehicle has a current Illinois Vehicle Registration  Yes  No

License # \_\_\_\_\_ Expires on \_\_\_\_\_

Confirmed by the Jacksonville Police Department: \_\_\_\_\_  
 Officer

City Clerk's Office received a copy of a Certification of Safety by Illinois Department of Transportation

Dated: \_\_\_\_\_ for the vehicle was issued to: \_\_\_\_\_

City of Jacksonville License # \_\_\_\_\_ issued by the City Clerk on \_\_\_\_\_

Date Inspection Report Received \_\_\_\_\_