

Preventative Truck Maintenance

Date: _____ Name of Inspector: _____

Make of Vehicle: _____ Model: _____ Year: _____















Current Mileage: _____

Checked By: _____

License #: _____

| Last Checked: | Date | Mileage |
|---------------------|------|---------|
| Oil Change | | |
| Air Filter Change | | |
| Cabin Filter Change | | |
| Oil Filter Change | | |
| Engine Tune-up | | |
| Tire Rotation | | |

Preventative Truck Maintenance

| OK |  |  Main Technical Inspection | OK |  |  Wheels & Rims |
|--------------------------|---|---|--------------------------|---|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Engine | <input type="checkbox"/> | <input type="checkbox"/> | Wheel Alignment |
| <input type="checkbox"/> | <input type="checkbox"/> | Transmission | <input type="checkbox"/> | <input type="checkbox"/> | Tire Treads & Wear |
| <input type="checkbox"/> | <input type="checkbox"/> | Filters | <input type="checkbox"/> | <input type="checkbox"/> | Spare Tire Condition & Tools |
| <input type="checkbox"/> | <input type="checkbox"/> | Suspension System | <input type="checkbox"/> | <input type="checkbox"/> | Tire Pressure |
| <input type="checkbox"/> | <input type="checkbox"/> | Steering System | <input type="checkbox"/> | <input type="checkbox"/> | Hubs & Bearings |
| <input type="checkbox"/> | <input type="checkbox"/> | Belts and Hoses | <input type="checkbox"/> | <input type="checkbox"/> | Rim Condition |
| <input type="checkbox"/> | <input type="checkbox"/> | Auxiliary Systems | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | Clutch | OK |  |  Window & Mirror Inspection |
| <input type="checkbox"/> | <input type="checkbox"/> | Electrical Components | <input type="checkbox"/> | <input type="checkbox"/> | Windshield Condition |
| <input type="checkbox"/> | <input type="checkbox"/> | Exhaust System | <input type="checkbox"/> | <input type="checkbox"/> | Power Window Control |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | Wiper System |
| OK |  |  Light Inspection | <input type="checkbox"/> | <input type="checkbox"/> | Mirror Condition |
| <input type="checkbox"/> | <input type="checkbox"/> | Tail & Brake Lights | OK |  |  Brake Inspection |
| <input type="checkbox"/> | <input type="checkbox"/> | High & Low Beam Headlights | <input type="checkbox"/> | <input type="checkbox"/> | Brake System |
| <input type="checkbox"/> | <input type="checkbox"/> | Turn Signals | <input type="checkbox"/> | <input type="checkbox"/> | Brake Pads |
| <input type="checkbox"/> | <input type="checkbox"/> | Reverse Lights | <input type="checkbox"/> | <input type="checkbox"/> | Emergency Brake |
| <input type="checkbox"/> | <input type="checkbox"/> | Emergency Blinkers | <input type="checkbox"/> | <input type="checkbox"/> | Brake Rotors |
| <input type="checkbox"/> | <input type="checkbox"/> | Truck Markers | <input type="checkbox"/> | <input type="checkbox"/> | Air System |
| <input type="checkbox"/> | <input type="checkbox"/> | License Plate Light | | | |
| OK |  |  Interior Inspection | OK |  |  Fluid & Oil Inspection |
| <input type="checkbox"/> | <input type="checkbox"/> | Seatbelts | <input type="checkbox"/> | <input type="checkbox"/> | Power Steering Fluid |
| <input type="checkbox"/> | <input type="checkbox"/> | Dashboard Gauges | <input type="checkbox"/> | <input type="checkbox"/> | Brake Fluid |
| <input type="checkbox"/> | <input type="checkbox"/> | Horn | <input type="checkbox"/> | <input type="checkbox"/> | Wiper Fluid |
| <input type="checkbox"/> | <input type="checkbox"/> | Fire Extinguisher | <input type="checkbox"/> | <input type="checkbox"/> | Transmission Fluid |
| <input type="checkbox"/> | <input type="checkbox"/> | Seat Condition | <input type="checkbox"/> | <input type="checkbox"/> | Engine Oil |

Notes:
