

30-45 DAY INSPECTION, REPAIR & MAINTENANCE RECORD

TRAILER



VEHICLE IDENTIFICATION	
<hr/> <p style="text-align: center;">MAKE</p>	<hr/> <p style="text-align: center;">SERIAL NUMBER</p>
<hr/> <p style="text-align: center;">YEAR</p>	<hr/> <p style="text-align: center;">UNIT NUMBER</p>
<hr/> <p style="text-align: center;">COMPANY NUMBER/OTHER ID</p>	<hr/> <p style="text-align: center;">OWNER, IF LEASED</p>

DATE	OPERATION PERFORMED, INSPECTION, AND/OR REPAIR
_____	<input type="checkbox"/> 1. MAKE A VISUAL CHECK FOR BODY DAMAGE
_____	<input type="checkbox"/> 2. CHECK LIGHTS AND REFLECTORS
_____	<input type="checkbox"/> 3. CHECK LANDING GEAR AND OPERATION
_____	<input type="checkbox"/> 4. CHECK WHEEL LUGS
_____	<input type="checkbox"/> 5. CHECK MUD FLAPS
_____	<input type="checkbox"/> 6. CHECK OIL IN WHEELS
_____	<input type="checkbox"/> 7. CHECK BRAKE LININGS & DRUM CONDITIONS
_____	<input type="checkbox"/> 8. BLEED AIR TANKS
_____	<input type="checkbox"/> 9. CHECK SPRINGS, ROCKERS, & STABILIZERS
_____	<input type="checkbox"/> 10. CHECK AIR HOSES
_____	<input type="checkbox"/> 11. CHECK FOR AIR LEAKS (SERVICE BRAKES APPLIED)
_____	<input type="checkbox"/> 12. LUBRICATE TRAILER
_____	<input type="checkbox"/> 13. CHECK GLADHAND CONNECTIONS
_____	<input type="checkbox"/> 14. CHECK LIGHT PLUG RECEPTACLE
_____	<input type="checkbox"/> 15. CHECK PIGTAIL
_____	<input type="checkbox"/> 16. CHECK BRAKE ADJUSTMENT
_____	<input type="checkbox"/> 17. CHECK TIRES FOR UNUSUAL WEAR PATTERN
_____	<input type="checkbox"/> 18. CHECK TREAD DEPTH
	DATE: _____
	SIGNATURE: _____