



120 Days Interval Trailer Preventive Maintenance

Facility Name/No: _____

Date: ___/___/___

Repair Order No: _____

Trailer Unit No: _____

Mileage: _____

FHWA/Provincial Annual Inspection Last Date: ___/___/___

FHWA/Provincial Annual Inspection Due Date: ___/___/___

Instructions:

Initial Section: Technician is to initial this box upon completion, or mark "N/A" if the section is not applicable to the unit being inspected.

Defect Section: Mark an "X" if a defect was noted, and complete the "Defect/Comment" section at the end of this worksheet.

Mark an "A" if an adjustment is/was required and complete the "Defect/Comment" section at the end of this worksheet.

"A" Service performed @ 120 Days Intervals			
Section	Walk-Around	Initial	Defect
1a	Body Condition: Inspect appearance and record any damage		
1b	Lighting Devices: Inspect all (including but not limited to, clearance lamps/side marker, license plate, tail, brake lights, turn signals, 4-ways.)		
1c	Reflectors: Inspect for damage and securement		
1d	Conspicuity Tape: Inspect for DOT compliance (FMCSR 393.13)		
1e	Mudflaps (anti-sail): Check length/condition		
Section	Chassis/frame	Initial	Defect
2a	Chassis lubrication: lubricate complete chassis to MFG specifications		
2b	Air Suspension: Inspect air springs for cuts, abrasions,		
2c	Springs: Inspect for shifted axle, loose u-bolts, spring pin and bushing wear and broken spring/leaves		
2d	King pin: Inspect for wear, cracked welds, Hammer test Note: Remove inspection plate as required for a comprehensive inspection		
2e	Landing Gear: inspect high/low operation, legs, shoes - Lube		
2f	Air reservoir: Check for leaks, rust mount condition		
2g	Torque arms and equalizers: Inspect for wear		
	Battery: Inspect mounting, connections, cables Note load test: Battery 1: Load Test: _____ Volts _____ Amps Battery 2: Load Test: _____ Volts _____ Amps		
Section	Body	Initial	Defect
3a	Body Mounting: Inspect U-bolts, brackets, and hardware for any sign of movement, wear and loose/missing bolts. *** Re-torque body mounting hardware per Mfg. specifications.***		
3b	Pallet body: Inspect the center tube for weld cracks. Inspect supports for damage or weld cracks Inspect pin locks for damage/excessive wear or weld cracks .		
3c	VANS: Exterior: Inspect corners, roof seams and roof skin for damage and leaks Interior: Inspect vents, racking, flooring and lighting for wear		



120 Days Interval Trailer Preventive Maintenance

3d	Cargo Tanks : Record the following inspection dates: V: _____, I: _____, P: _____, K: _____ Rear Cabinet: Inspect door/latch operation, Inspect Function of Brake Interlock		
Section	Brake, Wheel and Tire	Initial	Defect
	Brake System: ****Perform 6 full service brake applications**** Drum Brakes: Inspect brakes, brakes should have 3/8 to 1½ inches of travel, measured from slack adjuster Disc Brakes: Inspect pads, replace @ ¼" inspect rotors for cracks		
	NOTE: If adjustment is required on an Automatic Slack Adjuster after 6 full service brake applications the component is defective and requires replacement		
	Slack Adjuster: Inspect and lubricate Camshaft bushings: Inspect and lubricate Brake Hardware: Inspect for wear and missing components Brake Chambers: Inspect operation, mounting, internal spring and general condition (replace missing inspection plugs as required) Brake Hose: Check that hoses are intact from wear, chaffing, or crimping Seals: Check for leaks and oil level		
4b	Record brake linings: (Re-line at 3/8") record measurement on table		
4c	Brake drums: Check for excessive wear, heat, cracks		
4d	Tire Inspection: Check condition of the following Mating Valve Stem Tread Depth: Record tread depth and pressure on measurement table Trailer: Minimum tread depth 4/32 inch, *Inflate tires to Manufacturers Specifications NOTE: Retreads or re-grooved (caps) tires are forbidden on dedicated flammable gas vehicles Wheels: Inspect wheels for defects, verify torque to Mfg. specifications		
	PM decal: Upon completion of service, remove the old decal and replace with a completed current sticker.		
	Complete measurement table at end of form for all inspections.		
Brake and Tire Inspection (Must be completed for all services)			
	Third Axle	Front Tandem	Rear Tandem
RO	Pressure: _____# Tread: _____/32"	RFO	Pressure: _____# Tread: _____/32"
RI	Pressure: _____# Tread: _____/32" Brake: _____/16"	RFI	Pressure: _____# Tread: _____/32" Brake: _____/16"
LI	Pressure: _____# Tread: _____/32" Brake: _____/16"	LFI	Pressure: _____# Tread: _____/32" Brake: _____/16"
LO	Pressure: _____# Tread: _____/32"	LFO	Pressure: _____# Tread: _____/32"
		RRO	Pressure: _____# Tread: _____/32"
		RRI	Pressure: _____# Tread: _____/32" Brake: _____/16"
		LRI	Pressure: _____# Tread: _____/32" Brake: _____/16"
		LRO	Pressure: _____# Tread: _____/32"
Tire Pressures: Inflate to Manufacturers Specifications Minimum Tire Tread Depth: 4/32 inch			



120 Days Interval Trailer Preventive Maintenance

Liftgate PM Service performed @120 Day intervals			
Section		Initial	Defect
L1	Check master disconnect for proper operation		
L2	Open and close Liftgate. Observe for correct operation		
L3	Check proper operation of torsion spring – open and close		
L4	Verify the Liftgate opens at 4 seconds or longer		
L5	Raise and lower Liftgate. Observe for correct operation, excessive pin and bushing wear and movement		
L6	Ensure power unit mounting is secure		
L7	Inspect for hydraulic leaks. – Note all deficiencies		
L8	Inspect all hydraulic fittings, connections, hoses, seals, cylinders for leaks		
L9	Check wiring for loose connections and corrosion – Note all deficiencies		
L10	Check switches, circuit breaker, ground straps for proper operation		
L11	Check batteries for charge, voltage, corrosion - Note all deficiencies		
L12	Check AMP draw on motor		
L13	Power Wash Liftgate annually, Note: a greater frequency is recommended for vehicles operating in areas where deicing products are used		
L14	Inspect platform and rails for any physical damage, twist, bends, spreading		
L15	Inspect chain for twist, kinks, damaged links - Note all deficiencies		
L16	Inspect wear pads and brackets and hinges		
L17	Inspect for worn bushings, bearings, rollers, sprockets - Note all deficiencies		
L18	Inspect cable pulleys and cables - Note all deficiencies		
L19	Inspect for missing or loose fasteners, roll pins, zerks fittings		
L20	Check operation of the Load Safety Devices –(Refer to Manufacturer's instructions)		
L21	Inspect for broken welds - Note all deficiencies		
L22	Grease all zerk fittings		
L23	Lubricate chain, travel lock springs, hinge and pivot points following manufacturer's instructions		
L24	Lubricate all electronic connections with dielectric grease		
L25	Inspect hydraulic fluid level in reservoir – top if required		
L26	Touch Up Paint – rails and fences where required		
L27	Inspect for missing or damaged decals (Capacity, No Zone, etc) – replace as required		
L28	Hydraulic fluid change (annual) Last Service Date ___/___/___ Next Service Date ___/___/___		
	Liftgate Manufacturer Information: <div style="text-align: right; margin-right: 100px;"> Manufacturer: _____ Serial No: _____ Model No: _____ Liftgate Capacity: _____ </div>		



120 Days Interval Trailer Preventive Maintenance

Section	C Service: Annual	Initial	Defect
	Annual Inspection: Complete FHWA/Provincial Annual Inspection form. Remove old FHWA decal and replace with new decal.		
	Weldcoa Pallet Bodies: instaload pallet trailers/pallet truck bodies designed to carry Sur-Loc pallets: Inspect pallet trailers and pallet truck bodies for proper spacing to allow the Sur-Loc pallet to lock properly. (Purchase the callipers from Weldcoa). Part No: TB-GAUGE-CTR – Measures the distance from the center tube to the Lock pin hole TB-GAUGE-TBTB – Measures the distance between the lock tubes		
	Liftgate Hydraulic fluid change (annual) * see item L28		
Section No	Defects/Comments (Describe noted defects by section number)		

I certify that the above inspection has been completed in accordance with government

Mechanics:

Name: _____ Signature: _____ Date: __/__/__
(Please Print)

Name: _____ Signature: _____ Date: __/__/__
(Please Print)

Garage Supervisor:

Name: _____ Signature: _____ Date: __/__/__
(Please Print)

I certify that any and all defects that were noted above, have been corrected on a separate

Service Order No: _____

Garage Supervisor:

Name: _____ Signature: _____ Date: __/__/__
(Please Print)