

PREVENTIVE MAINTENANCE SERVICE SHEET



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Heavy Duty Truck

Date: _____ Customer: _____ PO: _____

Unit: _____ VIN: _____ Hours / Miles: _____

Year: _____ Make: _____ Model: _____

Follow below service schedule			****DOT Inspection Required****		
✓ = Satisfactory R = Repairs Needed			✓ = Satisfactory R = Repairs Needed		
PMA	PMB		PMA	PMB	
		Drive Test			Undercarriage (Cont.)
		Turn key on CHECK for fault codes, record			INSPECT Suspension & Air Ride System
		CHECK Starter Operation			CHECK All Springs & U-Bolts & RETORQUE As Needed
		CHECK Engine Operation (RPM-Idle-Noise)			INSPECT Air Brake System-Drain Tanks
		CHECK All Gauges-Lights-Horn			INSPECT Exhaust System
		CHECK Parking Brake/Brake Operation-Air			CHECK Brake Lines, Hoses and ADJUST Brakes
		Brakes-Apply & release brakes 10 times-check low air warning buzzer & light-verify parking brake valve pops at 35 psi-Hydraulic Brakes-Check Booster Operations			INSPECT ABS System Components
		CHECK Clutch and Free Travel			CHECK All Wheel Seals For Leaks
		CHECK Steering Operation			Steering
		CHECK Windshield Wiper & Washer Operation			CHECK All Steering Components, Bushings, Bearings, and Ball Joints for Excessive Play
		CHECK Washer Fluid Level - FILL As Needed			Check Front Hub Oil
		CHECK Heater, Defroster, & A/C Operation			Engine
		Inside Vehicle			REPLACE Engine Oil & Oil Filter
		INSPECT Interior Lights-Condition/Operation			REPLACE Centrifugal Oil Filter (if equipped)
		INSPECT Seat/Seat Belt-Condition/Operation			REPLACE Fuel Filter(s)/Water Separator
		CHECK All Safety Equipment-Triangles & Fire Extinguisher			CHECK Air Rest. Gauge - REPLACE Air Filter As Needed
		INSPECT Interior for Any Damage			INSPECT Air Intake System Piping & Connections
		Outside Vehicle			CHECK Hydraulic & Brake Fluid Levels
		INSPECT Exterior/Glass/Mirrors/Lights for Any Damage			CHECK Power Steering Fluid Level
		INSPECT Wiper Arm/Blade Condition			INSPECT & CLEAN Radiator Fins (Low Press Air)
		CHECK & LUBE Steps/Latches/Locks			INSPECT All Hoses & Connections
		CHECK Doors/Hinges and Seals			INSPECT Fan Blades & CHECK Clutch Operation
		CHECK Body U-Bolts			INSPECT Belts and Adjust Tension (If Necessary)
		CHECK Fuel Tank Straps & Fuel Cap			INSPECT Water Pump & Fittings
		INSPECT Mud Flaps			PRESSURE TEST Cooling System
		CHECK License Plate Holder			TEST Anti-Freeze/DCA Concentration (Adjust if Necessary)
		Undercarriage			REPLACE Coolant Filter (As Needed)
		INSPECT for Oil Leaks			INSPECT & LUBE Throttle Linkage
		INSPECT Cab/Engine/Transmission Mounting			INSPECT Engine For Oil Leaks
		CHECK Transmission Fluid Level & Vents			INSPECT Turbocharger
		CHECK Driveline/U-Joints & Center Bearings			INSPECT Diesel Engine Vacuum Pump & Filters
		CHECK Rear axle Fluid Level & Vents			INSPECT PVC System/Crankcase Vent Filter
		LUBRICATE Chassis			CHECK Battery Conditions & INSPECT Cables
		LUBRICATE Driveline/U-Joints/Slip Yokes			CLEAN Battery Terminals
					CHECK APAD's Controller for Fault Codes (If Applicable)

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Date: _____ Unit: _____ PO: _____

Tires (this section completed with PMA or PMB)					
32nds PSI	32nds PSI	32nds PSI			
RF <input style="width: 100%;" type="text"/>	RFO <input style="width: 100%;" type="text"/>	RRO <input style="width: 100%;" type="text"/>			
	RFI <input style="width: 100%;" type="text"/>	RRR <input style="width: 100%;" type="text"/>			
32nds PSI	32nds PSI	32nds PSI			
LF <input style="width: 100%;" type="text"/>	LFI <input style="width: 100%;" type="text"/>	LRI <input style="width: 100%;" type="text"/>			
	LFO <input style="width: 100%;" type="text"/>	LRO <input style="width: 100%;" type="text"/>			
<input type="checkbox"/> INSPECT Tire Condition / ADJUST Pressure			<input type="checkbox"/> INSPECT Lug Nuts & Wheels for Cracks		
<input type="checkbox"/> Check Lug Locks					

Brakes (this section completed with PMA or PMB)					
<input type="checkbox"/> Check Lines, Hoses and Parking Brake.			<input type="checkbox"/> Verify Brake Safe is installed and adjusted correctly		
<input type="checkbox"/> Check Slack Adjuster Push Rod travel and record in inches. Record Brake Lining thickness in 10th					
	Steer	Drive Axels			
Push Rod Travel	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	Right Side	
Brake Lining Thickness	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>		
Push Rod Travel	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	Left Side	
Brake Lining Thickness	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>		

Cargo Box / Area (this section completed with PMA or PMB)	PMA	PMB	Final Procedure
<input type="checkbox"/> Exterior Damage	<input type="checkbox"/>	<input type="checkbox"/>	Run Engine & RECHECK Oil Level
<input type="checkbox"/> Lights and Reflectors	<input type="checkbox"/>	<input type="checkbox"/>	RESET Oil Change Light (If Applicable)
<input type="checkbox"/> Interior Lights and Switches	<input type="checkbox"/>	<input type="checkbox"/>	INSTALL PM Sticker
<input type="checkbox"/> Registration and/or License Plate Holder	<input type="checkbox"/>	<input type="checkbox"/>	INSTALL DOT Sticker
<input type="checkbox"/> Doors / Hinges and Operation (Rear and Side)	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Door Latch and Hold Back (Rear and Side)	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Interior Damage / Condition	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Roof Vent Operation	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Roof Leaks	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Lubricate Door Hinges and/or Rollers & Operator	<input type="checkbox"/>	<input type="checkbox"/>	

PMA Inspector's Name: _____ Inspector's Signature: _____ Date: _____

PMB					
Inspection/Repairs in accordance with 49 CFR 396, 17-23 Appendix G.					
This vehicle HAS PASSED this annual DOT Inspection as required by 49 CFR 396.17-23 Appendix G					
Inspector's Name:	Inspector's Signature:	Date:			
Inspection Location:	Address:	City:	State:	Zip:	

OR

This vehicle DID NOT PASS this annual DOT Inspection as required by 49 CFR 396.17-23 Appendix G					
Inspector's Name:	Inspector's Signature:	Date:			