

A SERVICE RIGID/PRIME MOVER



COMPANY: _____

FLEET NO: _____

SPEEDO: _____

INVOICE/JOB NO: _____

DATE: _____

ITEMS TO BE CHECKED	A SERVICE	COMMENTS
NHVAS Labels Attached and Legible	Check	
Reflectors/warning signs/conspicuity markings	Check	
Cabin condition/clean	Check	
All cabin switches/controls	Check	
Seat condition/secure	Check/Repair	
Seatbelt condition/secure	Check/Repair	
All outstanding repair requests signed off	Yes	
All lights/instruments	Check	
Warning buzzers/lamps	Check	
Turntable & mountings	Check/Lube	
Tyres & wheel nuts condition/tension	Check/Adjust	
Mudguards condition/secure	Check	
Jack/wheel brace/safety triangles	Check	
Batteries level/load test	Check/Test	
Batteries leads/terminal condition/secure	Check	
Body condition	Check	
Clutch linkages	Check/Adjust	
Engine oil level/leaks	Check/Repair	
Coolant level/leaks	Check/Repair	
Air filter	Check	
Powersteering level/leaks	Check/Repair	
Wiper washer condition/level	Check/Repair	
Wiper blade condition	Check/Replace	
Check all belts/idlers	Check/Repair	
Check all hoses	Check/Repair	
Gearbox level	Check	
Diff levels	Check	
Air tanks drained	Check/Drain	
Engine mounts	Check	
Gearbox mounts	Check	
Exhaust system	Check	
Chassis/cross members	Check	
Suspension bushes	Check/Lube	
Steering linkages/joints	Check/Lube	
Kingpins condition/movement	Check/Lube	
Grease all points	Check/Lube	
Shackle pins/bushes	Check/Lube	
Springs/hangers/airbags	Check/Lube	
Check/adjust brakes/linings	Check/Adjust	
Wheel bearing front/steer only	Check/Adjust	
Tailshaft/uni joints	Check/Lube	
Road test	Yes/No	

I have completed the service by the above check list

Mechanic Name (Print): _____ Mechanic Sign: _____

Supervisor Name (Print): _____ Supervisor Sign: _____