

TRAILER SERVICE



COMPANY: _____

FLEET NO: _____

HUBBO: _____

INVOICE/JOB NO: _____

DATE: _____

ITEMS TO BE CHECKED	SERVICE	COMMENTS
NHVAS Labels Attached and Legible	Check	
Air / electrical connections	Check	
Lights / including interior	Check	
Reflectors/warning signs/conspicuity markings	Check	
Tyres / wheels / nuts / pressures	Check	
Spare wheel carrier / bar box / fuel tank / mounts	Check	
Mudflaps / guards / brackets	Check	
Inspect internal wall / floor / roof condition	Check	
External appearance (damages)	Check/Report	
Inspect doors / seals / locks / hinges	Check	
Skid plate & king pin	Check	
Demountable king pin bolts	Tension	
Landing legs / operation / lubricate	Check	
Adjust brakes / check linings	Check/Adjust	
Camshaft bushes / adjusters / lubricate	Check	
Wheel bearings / hub seals / adjustment	Check	
Chassis / cross members	Check	
Suspension / bushes / springs / air bags	Check	
Spring U-bolts	Check	
Air lines / tanks	Check/Drain	
Chassis slider / fixings / lubricate (A Trailer)	Check/Adjust	
Turntable / mounts / lubricate (A Trailer)	Check	
Road test	Road Test	

I have completed the service by the above check list

Mechanic Name (Print): _____ Mechanic Sign: _____

Supervisor Name (Print): _____ Supervisor Sign: _____