



Box 158
 Blumenort, MB R0A 0C0
 Phone: 204-515-5882
 Fax: 888-247-6363

Maintenance Log & Truck Service Form

(to be submitted by the 15th with all receipts)

Unit#: _____

Month: _____

Work Done By:

Date	Odometer	Description of Work Performed	Self (X)	Outside Shop Invoice #

CHECK ALL ITEMS FOR A **FULL SERVICE**, CHECK BOTTOM SECTION ONLY ON A GREASE JOB

PLEASE CHECKMARK EACH ITEM COMPLETED (log in above area)

- | | | | |
|--|--------------------------|--|--------------------------|
| 1. Change Fuel Filter and Oil Filters | <input type="checkbox"/> | 7. Check Antifreeze Levels & Leaks | <input type="checkbox"/> |
| 1. Check Air and Cab Filter | <input type="checkbox"/> | 8. Check Belts for Tension & Cracks | <input type="checkbox"/> |
| 2. Check Trans & DIFF Levels and Hub Level | <input type="checkbox"/> | 9. Check Power Steering Level & Hoses | <input type="checkbox"/> |
| 3. Check Front End Components | <input type="checkbox"/> | 10. Grease Undercarriage | <input type="checkbox"/> |
| 4. Jack Up, Check King Pins & Bearings | <input type="checkbox"/> | 11. Grease & Check play on 5 th Wheel | <input type="checkbox"/> |
| 5. Check Tire Pressures (95lbs) | <input type="checkbox"/> | 11. Re-Torque All Wheels | <input type="checkbox"/> |
| 6. Check BATT for Clean and Tight | <input type="checkbox"/> | | <input type="checkbox"/> |

CHECK BELOW LIST ON **GREASE JOB ONLY** (log in above area)

- | | |
|---|--------------------------|
| 1. Check All Lights | <input type="checkbox"/> |
| 2. Check Belts for Tension & Cracks | <input type="checkbox"/> |
| 3. Grease 5 th Wheel and Undercarriage | <input type="checkbox"/> |
| 4. Check U-Joints | <input type="checkbox"/> |

OFFICE USE ONLY

Received On: _____

Initial: _____