



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

**Maintenance Log & Truck Service Form – Owner Operator**  
 (to be submitted by the 15<sup>th</sup> 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 <sup>th</sup> 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 <sup>th</sup> Wheel and Undercarriage | <input type="checkbox"/> |
| 4. Check U-Joints                                 | <input type="checkbox"/> |

**OFFICE USE ONLY**

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Received On: \_\_\_\_\_

Initial: \_\_\_\_\_