

Truck Service Form



Unit Number	
Date	
Work Order #	
Mechanic	
Odometer	

CHECK ALL ITEMS FOR A FULL SERVICE, CHECK BOTTOM SECTION ONLY ON A GREASE JOB
PLEASE CHECKMARK EACH ITEM COMPLETED

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| 1. Change Oil & Filters | |
| 2. Change Fuel Filters | |
| 3. Check Air Filter (Changer every 6 Months) | |
| 4. Check Cab Air Filter | |
| 5. Check DCA Levels & Service Accordingly | |
| 6. Check Trans & DIFF Levels | |
| 7. Check Front End Components | |
| 8. Check Front Hub Level | |
| 9. Jack Up, Check King Pins & Bearings | |
| 10. Check Tire Pressures (95lbs) | |
| 11. Check BATT for Clean and Tight | |
| 12. Check Antifreeze Levels & Leaks | |
| 13. Check Belts for Tension & Cracks | |
| 14. Check Power Steering Level & Hoses | |
| 15. Grease & Check Play on 5 th Wheel | |
| 16. Re-Torque All Wheels | |

CHECK BELOW LIST ONLY ON GREASE JOB

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| 01. Check All Lights | |
| 02. Check Belts for Tension & Cracks | |
| 03. Grease 5 th Wheel | |
| 04. Grease Undercarriage | |
| 05. Check U-Joints | |
| 06. Check Clutch Adj. S/B 1-12" Free Travel | |

	Steering	Drives	
07. Record Tire Measures	LF ___/32	LFI ___/32 LFO ___/32	LRI ___/32 LRO ___/32
	RF ___/32	RFI ___/32 RFO ___/32	RRI ___/32 PRO ___/32
08. Record Brake Measures	RF ___/16 LF ___/16	RFD ___/16 LFD ___/16	RRD ___/16 LRD ___/16

Repairs Needed:	
Shop Name & Address:	
PO#	