

BIT PROGRAM TRUCK/TRACTOR/TRAILER INSPECTION AND MAINTENANCE RECORD

NEXT INSPECTION 10-18-22

COMPANY FIRST ON LOCATION
 OR LESSOR/CONTRACTOR _____

45 DAY
 90 DAY

DATE 7-18-22 REPORT NO. 7910

VEHICLE MAKE FRINTL MODEL ARGOSY YEAR 00 SERIAL NO. 1FUXLSZB2YG93564

UNIT NO. 2 LICENSE NO. 8PNA1685

ODOMETER READING 241119

Indicate completion of the report: Item is ok or not applicable (✓); work is completed, done (✓); type of work completed notes: (A) Adjust, (O or G) Oil or Grease, (R) Replace or Rebuild, (T) Test, (SR) See Remarks.
 *Inspection of these items required by 34505.5 CVC

OK	DONE	NOTES	TRUCK AND/OR TRACTOR
			INTERIOR AND EXTERIOR
✓			1. Fire extinguisher and reflectors—secured—marked
✓			2. Horn—defrosters, gauges and speedometer
✓			3. Mirrors and supports
✓			4. Windshield wipers—window cracks, condition
✓			5. Check all lights—turn signals—reflectors, mud flaps
✓			6. Check electrical wiring—condition and protection
✓			7. Check batteries—water terminals and cable
✓			8. Warning devices—air, oil and temperature, vacuum *
			ENGINE AND ELECTRIC
✓			9. Radiator and water hoses—condition—leaks
✓			10. Belts—compressor(s), fan and water pump *
✓			11. Air lines—leaks, condition and protection *
✓			12. Fuel tanks—lines—pump, condition and protection
✓			13. Manifold and flange gaskets—muffler and condition
✓			14. Engine mounts, oil and fuel leaks
✓			15. Clutch adjustment and free play
✓			16. Throttle and linkage, air filter
✓			17. Generator/alternator, starter, brushes and wiring
			BRAKES
✓			18. Tractor protection valve—breakaway test *
✓			19. Brakes—lining, drums, and adjustment—near cam over, pedal ht.—hyd. *
✓			20. Hoses, and tubing condition—protection, hyd., brake reservoir level *
✓			21. Air leaks and 1-minute brake application test, vacuum loss *
✓			22. Air governor adjustment—minimum 85—maximum 130 *
✓			23. Identify number 1 air tank—drain—test check valve *
✓			24. All tanks secure, drains operable, drain tanks *
✓			25. Check tires wheels nuts and studs, cracked, secure and inflation, tread *
✓			26. Parking brake—condition and adjustment *
✓			27. Emergency stopping system—labeled, operable *
✓			28. Release after loss of service air—test anti skid lamp *
			CHASSIS
✓			29. Check steering gear and mounting—free lash *
✓			30. Steering arms, drag links and tie rod ends *
✓			31. Fifth wheel condition and mounting *
✓			32. Springs, shackles and U-bolts—torque arms *
✓			33. Check frame, cross members, cracks, etc.
✓			34. Drive shaft and universal joints
✓			35. Transmission, differential—mounting and seals
✓			36. Wheel seals leaks, hydraulic brake system leaks *
✓			37. Clean under carriage
			ADDITIONAL ITEMS
			Ungers Mobile Fleet Service
			32681 Wagon Wheel Rd.
			Agua Dulce, CA 91390
			661-618-6123

OK	DONE	NOTES	ITEM	TRAILER(S)
			38. Lights—stop, tail, turn—reflectors	
			39. Air leaks—brake system *	
			40. Air leaks—dump system	
			41. Cracks in body and sub frame	
			42. Brakes—adjustment—drums—near cam over *	
			43. Springs—U bolts—torque arm *	
			44. Drawbar—hitch and safety cable—check strand wear *	
			45. Fifth wheel on pull trailer *	
			46. Tires wheel—nuts and studs *	
			47. Fifth wheel on pin wear—safety lock *	
			48. Emergency relay valves, tank mounting *	
			49. Taps	
			50. Electrical connections—lead wire	
			51. Air lines—between trailers, gladhands, rubbers *	
			52. Mud flaps, fenders	
			ADDITIONAL ITEMS	

PRODUCTS / PARTS USED			
Item No.	LUBRICANTS	Amt.	Cost
	Crankcase Oil	_____	\$ _____
	Trans. Lube	_____	\$ _____
	Gear Lube	_____	\$ _____
	Chassis Lube	_____	\$ _____
	FLUIDS		
	Antifreeze	_____	\$ _____
	Brake Fluid	_____	\$ _____
	Hydraulic Fluid	_____	\$ _____
	FILTERS		
	Oil Filter	_____	\$ _____
	Air Filter	_____	\$ _____
	Fuel Filter	_____	\$ _____
	PARTS & ACCESSORIES		
	Description	Qty.	Cost
	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____

TOTAL COST SUMMARY			
Labor Cost Time	_____ \$	_____ hr.	\$ _____
Lubricants & Fluids Cost			\$ _____
Filters Cost			\$ _____
Parts & Accessories Cost			\$ _____
TOTAL COST			\$ _____

REMARKS (use reverse side if required) _____

Work Completed by: _____ Date _____
 Inspected by: [Signature] Date 7-18-22
 Total Time _____ Hours, _____ Minutes