

BIT PROGRAM TRUCK/TRACTOR/TRAILER INSPECTION AND MAINTENANCE RECORD

NEXT INSPECTION 5-16-24

COMPANY OR LESSOR/CONTRACTOR THREE AMIGOS

45 DAY
 90 DAY

DATE 2-16-24 REPORT NO. 8221A

VEHICLE MAKE TRUMBL MODEL VAN YEAR 01 SERIAL NO. 1PT01SAH416005935

UNIT NO. 532

LICENSE NO. 45G4180

ODOMETER READING _____

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. Tarps	
			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: _____ Date 2-16-24
 Total Time _____ Hours, _____ Minutes