

**TRAILER SERVICE & INSPECTION**

**Customer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Number** \_\_\_\_\_ **Make** \_\_\_\_\_ **Model** \_\_\_\_\_

	<b>Good</b>	<b>Rec.</b>	<b>Severe</b>	<b>Recommendations</b>
Check Tire Tread Depth & Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Check Tire Pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Front Axle - RI _____, RO _____, LI _____, LO _____				
Rear Axle - RI _____, RO _____, LI _____, LO _____				
Check Hub Fluid Levels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Check For Axle Seal Leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Grease All Zerks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Check Brake Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
RF _____/32, RR _____/32, LF _____/32, LR _____/32				

**TECHNICIAN REMARKS**

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