

Leased Operators Monthly Maintenance Report

This form must be completed by the 15th of each month for the preceding months' maintenance.

Name	Unit #	Month
Year	Make	Serial No.

Items to Inspect	Ok	Date Repairs Complete
Accessories: Safety Equipment		
Axle Front: Tie Rods, Alignment, Etc. Axle Rear: Seals		
Cab Sheet Metal, Paint Lettering		
Reserve Tanks; Warning Devices		
Brakes; Hose Connections		
Clutch		
Cooling System		
Electrical System		
Engine Mounts		
Exhaust System		
Shut Off Valves		
Fuel System		
Fifth Wheel, Hook, Mountings, Etc.		
Frame		
Spring, Shackles, Etc.		
Transmission		
Universal Joints, Prop Shafts		
Wheels, Rims, Tires, Lugs		
Lights		

Air loss with all service brakes applied _____ lbs per minute. Note: Maximum permissible air loss must not exceed 2 pounds per minute; any audible air should be corrected immediately.

Inspected By: _____ Location: _____ Date: _____

REPAIR SECTION (Any repairs completed during the past month must be listed. All replacement parts must be listed. This includes minor items such as lights, mirrors, reflectors, etc. Write "NONE" if there was no activity.) **Attach copies of all repair receipts.**

Date	Repairs (Explain)	Replacement or Equipment Installed

LUBRICATION RECORD (List all lubrication activity, write "NONE" if there was no activity) **Attach copies of all lube receipts.**

Date	Mileage	Lubrication	Oil	Filter	Transmission	Differential	Repack Wheels

TIRE SECTION (List all tire repairs, replacements, rotation, etc., write "NONE" if there were no tire repairs, etc.) **Attach copies of all repair receipts.**

Date	Details

I certify that the maintenance information provided by me listed on this form is correct. I further certify that my maintenance schedule meets or exceeds the company minimum requirements.

Driver Signature

Date