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Heavy vehicle Audit Inspection Report

PM Schedule D- 48,000 Miles

Inspection Details Report #: _____ Location: _____ Inspection Date: _____ Inspector Name: _____	Vehicle Details Vehicle #: _____ Vehicle Category: _____ Vehicle Name: _____ VIN #: _____ Meter Reading: _____ Model/Year: _____
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PM Schedule D- 48,000 Miles Checklist

Safety Check: Engine & Drivetrain

SN	Inspection Item	Note	Good	Repair	Replace	NA
1	Engine Oil and Oil Filter Change		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	Air Filter Inspection/Replacement		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	Fuel Filter Inspection/Replacement		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	Drive Belts Check		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	Timing Belt Inspection		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	Engine Mounts Inspection		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	Spark Plugs Inspection/Replacement		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Fluids

SN	Inspection Item	Note	Good	Repair	Replace	NA
1	Transmission Fluid Check		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	Brake Fluid Check		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	Coolant Level Check/Flush		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	Power Steering Fluid Check		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	Windshield Washer Fluid Check		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	Differential Fluid Check		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Brakes

SN	Inspection Item	Note	Good	Repair	Replace	NA
1	Brake Pads and Rotors Inspection		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	Brake Calipers Inspection		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	Brake Lines and Hoses Inspection		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	Brake Operation Test		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Tires & Suspension

SN	Inspection Item	Note	Good	Repair	Replace	NA
1	Tire Tread and Wear Inspection		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	Tire Pressure Check		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	Suspension Components Inspection		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	Wheel Bearings Inspection		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	Wheel Alignment Check		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Electrical & Lighting

SN	Inspection Item	Note	Good	Repair	Replace	NA
1	Battery Condition and Terminals Check		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	Alternator and Charging System Test		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	Headlights, Taillights, Turn Signals Check		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	Dashboard Warning Lights Check		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Steering System

SN	Inspection Item	Note	Good	Repair	Replace	NA
1	Steering Components Inspection		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	Power Steering Pump and Hoses Check		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Additional Note

Overall Condition: _____
Vehicle Safe to Use: _____
Maintenance Priority: _____
Deployed: _____

Signature



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