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Tipper Inspection

Inspection Details

Report #: _____
 Location: _____
 Inspection Date: _____
 Inspector Name: _____

Vehicle Details

Vehicle # : _____
 Vehicle Category : _____
 Vehicle Name : _____
 VIN #: _____
 Meter Reading: _____
 Model/Year: _____

BODY FRAME

SN	Inspection Item	Note	OK	Faulty	NA
1	CHASSIS & SUB FRAME CRACK		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	CHECK CABIN STRUCTURE /CABIN MOUNTING		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	CHECK LOADBODY CONDITION		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

REAR AXLE/ PROPELLER SHAFT

SN	Inspection Item	Note	Yes	No	NA
4	CHECK DIFFERENTIAL OIL LEVEL		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	PRODUCE ANY SOUND AT RUNNING TIME		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	CHECK ALL UJ CROSS AND CENTER BEARING PROPERLY FUNCTIONING		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	CHECK HUB GREASE CONDITION		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FUEL LINE

SN	Inspection Item	Note	Yes	No	NA
8	CLAMPING LOOSES		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9	LEAKAGE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	FRICTION WITH ANY BODY		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	DRAIN WATER FROM WATER SEPARATOR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	DIESEL TANK LEAKAGE /CAP DAMAGE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CLUTCH

SN	Inspection Item	Note	Yes	No	NA
13	INSPECT FOR LEAKAGE, CORRECT & TOP UP FLUID		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	REPLACE OIL AT SPECIFIED INTERVAL / 6 MONTHS WHICHEVER IS EARLIER		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	CLUTCH PADDEL PROPERLY FUNCTIONING CHECK		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ELECTRICAL

SN	Inspection Item	Note	Yes	No	NA
16	BATTERY POLE CLAMP PROPERLY FIXED		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	CHECK BASE MOUNTING		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	DISTIL WATER LEVEL CHECK		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	CLEAN ALL BATTERY GAS OUTLINE PATH		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	TERMINAL CABLE BATTERY TO SELF PROPERLY CONNECTING		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	FRICTIONING WITH ANY BODY		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SUSPENSION

SN	Inspection Item	Note	Yes	No	NA
22	ALL PARTS PIN BUSH PROPERLY LUBRICATION		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	CHECK ANY LEAF SPRING BREAK, ANY BOLT BUSH AND BOOLSTER DAMAGE AS REQUIRED REPLACE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	V- FRAME CHECK (V BAR BUSH & TRUNION BUSH)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	V- FRAME CHECK (BELL CRANK CHECK)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26	CHECK CENTER BOLT PROPERLY FIXED		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	CHASSIS CRACK		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INTAKE HOSE LINE / ADJUST LINE

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SN	Inspection Item	Note	Yes	No	NA
28	ALL HOSE CUT, LEAKAGE THROUGH CHECK AND ALSO CLAMPING PROPERLY		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	CHECK AIR CATRIDGE PROPERLY FITTING		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LUB. OIL SYSTEM

SN	Inspection Item	Note	Yes	No	NA
30	CHECK LUB OIL FILTER (S)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31	LUB. OIL COOLER		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	CHECK LUB. OIL LINES & HOSES		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33	CHECK ENGINE MOUNTINGS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TIPPING SYSTEM

SN	Inspection Item	Note	Yes	No	NA
34	HYDRAULIC OIL LEVEL CHECK		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35	CHECK HYRAULIC TANK & HOSE LEAKAGE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36	TAIL BOARD PROPERLY FIX & LOCKING SYSTEM		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37	TIPPING DONE PROPERLY		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38	PIPE LINES ARE FRICTIONING WITH ANY PARTS OR NOT		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39	FIXING EYE END CHECK		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SELF STARTER / ALTERNATOR

SN	Inspection Item	Note	Yes	No	NA
40	CHECK MOUNTING PROPERLY		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41	CHECK ALL WIRES PROPEPLY TIGHT		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42	ALTERNATOR PROPERLY PRODUCE CHARGE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43	SELF SARTER PROPERLY OPERATING AT ANY TIME		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44	V-BELT & BELT TENSIONER		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

BRAKE

SN	Inspection Item	Note	Yes	No	NA
45	BRAKE ADJUST		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46	DIAPHRAGM CHECK		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

47	AIR LEAKAGE, AIR PIPE FRICTIONING WITH ANY PART		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48	WATER ENTER IN AIR TANK		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49	AIR COMPRESSOR PROPERLY OIL PASS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50	BRAKE PADDLE PROPERLY FUNCTIONING CHECK (BRAKE OIL LEVEL CHECK AND PIPE LEAKAGE)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51	EXHAUST BRAKE CHECK		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FRONT AXLE / STEERING GEARBOX

SN	Inspection Item	Note	Yes	No	NA
52	STEERING OIL LEVEL CHECK		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53	STEERING SHAFT		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54	ALL CROSS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55	DRAG LINK		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56	TIE ROD		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57	KING PIN CHECK		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58	STEERING PROPERLY FUNCTIONING CHECK		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
59	FRONT HUB GREASE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TYRE

SN	Inspection Item	Note	OK	Faulty	NA
60	TYRE FRONT/REAR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
61	PRESSURE (PSI)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
62	TYRE POSITION		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
63	TREAD & SIDEWALLS CONDITION		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
64	ARE YOUR TYRES WEARING UNEVENLY ?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
65	DO YOUR TYRES HAVE ANY LUMPS OR BUMPS OR CRACKS?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
66	ARE YOYR TYRES INFLATED PROPERLY?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
67	ARE YOUR TYRES VALVES IN GOOD CONDITION?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
68	WHEEL NUT LOOSEN OR NOT		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

FUEL INJECTION SYSTEM

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SN	Inspection Item	Note	Yes	No	NA
69	CHECK FUEL FILTER (S)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
70	LEAKAGE CHECK FIP & GOVERNOR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
71	INJECTORS LEAKAGE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
72	CHECK FUEL LINES & HOSES		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AIR INTAKE SYSTEM

SN	Inspection Item	Note	Yes	No	NA
73	PROPER AIR CLEANER (S) CHECK		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
74	CHECK VACUUM INDICATOR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
75	CHECK TURBO CHARGER		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

GEAR BOX

SN	Inspection Item	Note	Yes	No	NA
76	GEAR OIL LEVEL / LEAKAGE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
77	PROPERLY GEAR SHIFTING		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
78	UNEVEN NOISE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
79	GEAR SHIFTING CABLE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DIESEL EXHAUST FLUID (BSIV & VI)

SN	Inspection Item	Note	Yes	No	NA
80	FLUID LEVEL CHECK		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
81	CAP /DIPSTICK CONDITION		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

COOLING SYSTEM

SN	Inspection Item	Note	Yes	No	NA
82	RADIATOR LEAKAGE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
83	INTERCOOLER LEAKAGE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
84	CHECK COOLANT LEVEL		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
85	CHECK WATER PUMP LEAKAGE/NOISE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
86	CLAMPING LOOSES		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
87	HOSE LEAKAGE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
88	FRICITIONING WITH BODY CHECK NOT REQUIRED		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
89	CHECK TEMPERTURE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

90	GAUGE PROPERLY WORK		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
91	INSPECT FOR LOOSENESS/ CRACK/ DAMAGES AS REQUIRED		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LIGHT

SN	Inspection Item	Note	OK	Faulty	NA
92	HEAD LIGHT		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
93	LOW AND HIGH BEAM		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
94	BRAKE LIGHT		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
95	INDICATOR		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
96	REVERSE HORN		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
97	HORN		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
98	REVERSE HORN WIPER		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
99	WIPER MOTOR AND BLADE PROPERLY FUNCTIONING		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
100	HARNESS ANY DAMAGE AND FRICTIONING WITH ANY PARTS		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ENGINE

SN	Inspection Item	Note	Yes	No	NA
101	ENGINE OVERHEATING		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
102	ENGINE OIL PRESSURE CHECK		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
103	ENGINE BLOW - BY		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
104	EXHAUST SMOKE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
105	NOISE		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
106	ENGINE OIL CONSUMPTION NORMAL		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
107	FUEL CONSUMPTION		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
108	INSTRUMENT CLUSTER /HRM		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Note

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

Signature



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