

Equipment ID	VIN	Year	Manufacturer	Primary Plate
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XTRA Lease DOT / BIT Inspection and PM Worksheet

Check Mark = OK X = Needs Further Attention R = Repaired N/A = Not Applicable

<input type="checkbox"/> Glad Hands & Rubber Grommets	Repaired	<input type="checkbox"/> Sub-Frame – Slide Rails and Crossmembers	<input type="checkbox"/> Repaired
<input type="checkbox"/> 7-Way Electrical Plug	Repaired	<input type="checkbox"/> Aerodynamic Side Skirts	<input type="checkbox"/> Repaired
<input type="checkbox"/> Registration, Valid License Plate and sticker	Repaired	<input type="checkbox"/> Slider Mechanism & Locking Pins - Lubricate, Release, Re-engage	<input type="checkbox"/> Repaired
<input type="checkbox"/> Lights, Wiring and Splice Conditions	Repaired	<input type="checkbox"/> Proper Lubricant Level in each Wheel End - Fill if necessary	<input type="checkbox"/> Repaired
<input type="checkbox"/> Exterior Trailer - Body Condition and Coupling Device	Repaired	<input type="checkbox"/> Wheels - Check for Cracks / Tire Matching	<input type="checkbox"/> Repaired
<input type="checkbox"/> Corner Locking Devices	Repaired	<input type="checkbox"/> Tires - free of impermissible damage or wear	<input type="checkbox"/> Repaired
<input type="checkbox"/> Landing Gear Legs /Gear Box and Bracing - Lubricate & Cycle	Repaired	<input type="checkbox"/> Lug Nuts – Torque to 450-500 ft/lbs – Set wrench to 500 ft/lbs	<input type="checkbox"/> Repaired
<input type="checkbox"/> Fuel Tank and Fuel System (Reefer)	Repaired	<input type="checkbox"/> Metal Flow-Thru Valve Stem Caps	<input type="checkbox"/> Repaired
<input type="checkbox"/> Air Brake System - Test for Leaks	Repaired	<input type="checkbox"/> Conspicuity Tape – Side Panels, Rear Doors, Headboards	<input type="checkbox"/> Repaired
<input type="checkbox"/> Dump Valve (Air Ride Only) - Test operation and check for Leaks	Repaired	<input type="checkbox"/> Mudflaps, Brackets, and Rubber Dock Bumpers	<input type="checkbox"/> Repaired
<input type="checkbox"/> ABS System - Actuate	Repaired	<input type="checkbox"/> Rear Impact Guard	<input type="checkbox"/> Repaired
<input type="checkbox"/> Air Lines - Check for damage / wear / chaffing	Repaired	<input type="checkbox"/> Doors – Proper Operation	<input type="checkbox"/> Repaired
<input type="checkbox"/> Suspension Hangers	Repaired	<input type="checkbox"/> Door Hold Backs and Pull Handles - Present & Functional	<input type="checkbox"/> Repaired
<input type="checkbox"/> Air Tank and Mounting Brackets	Repaired	<input type="checkbox"/> All Hinges, Rollers, Locks – Lubricate	<input type="checkbox"/> Repaired
<input type="checkbox"/> Brakes - Drums / Linings / Air Chambers	Repaired	<input type="checkbox"/> Interior Trailer – Floor, Roof, and Side Walls	<input type="checkbox"/> Repaired
<input type="checkbox"/> Brakes – ADB / Rotors, Calipers, Pistons, Chambers, Pads	Repaired	<input type="checkbox"/> Interior – Resecure Plywood as Needed	<input type="checkbox"/> Repaired
<input type="checkbox"/> Slack Adjusters / S-cams / Brake adjustment – Lubricate & adjust	Repaired	<input type="checkbox"/> DOT Inspected – Sticker Applied	<input type="checkbox"/> Repaired
<input type="checkbox"/> Suspension / U-Bolts / Springs	Repaired	<input type="checkbox"/> California BIT Inspected & Passed	<input type="checkbox"/> Repaired
<input type="checkbox"/> Flatbed Winches – Lubricate and Cycle	Repaired	<input type="checkbox"/> NOTES: _____	<input type="checkbox"/> Repaired

TIRES (in 32nds)

Axle	Position	TD	Brand	PSI	Position	TD	Brand	PSI
1	LO Front				RO Front			
	LI Front				RI Front			
2	LO Middle				RO Middle			
	LI Middle				RI Middle			
3	LO Rear				RO Rear			
	LI Rear				RI Rear			

Brakes (Drum in 8ths / ADB in mm)

Axle	Position	Depth
1	L Front	
	R Front	
2	L Middle	
	R Middle	
3	L Rear	
	R Rear	

Hubo: _____

Engine Hrs: _____

Prot. Time: _____

Fuel 8ths: _____

By signing and dating this form the inspector certifies (i) the accuracy and completeness of the inspection of this vehicle in compliance with all of the requirements of 49 C.F.R. Part 396, and (ii) that the vehicle has passed inspection in accordance with 49 C.F.R. Part 396.17.

Inspection conducted by: _____

(Inspector signature)

Inspection Date: _____

Print Name: _____

Company Name: _____

California Only 90 Day BiT Inspection

RO/PO: _____

Supplier/Mechanic: _____

Date: _____

Equipment ID	VIN	Year	Mfg	Primary Plate	Hubodometer

	Pass	Fail	Total Time
<input type="checkbox"/> Check Brake Adjustment			_____
<input type="checkbox"/> Check Brake System Components and Leaks			_____
<input type="checkbox"/> Check Suspension System			_____
<input type="checkbox"/> Check Tires and Wheels			_____
<input type="checkbox"/> Check Vehicle Connecting Devices (king pin, 5th wheel plate, lights)			_____

NOTES:

Inspection Conducted by: _____

Inspection Date: _____

Signing and dating the form indicates an equipment inspection was performed per the California Vehicle Code 34501.12



LIFTGATE
MAINTENANCE CHECKLIST
For Use on All Liftgates

Inspection Date _____

Inspector _____

Unit # _____

Hub Reading _____

Liftgate Ser. # _____

Make/Model _____

Check Mark = OK A = Adjusted X = Needs Further Attention

PERFORM EVERY 90 DAYS

- Check all guards, lockout devices and safety hooks
- Check hoses and fittings for chaffing, rubbing and leaks
- Check mechanical chains and sprockets or cables and pulleys
- Check electrical system for corrosion, loose connections or damaged wires
- Check for illegible or damaged decals
- Check all pivot points for wear and to ensure pivot pins are securely in place with proper fasteners
- Check for apparent damage or broken welds
- Check roller and pin assembly for wear or damage
- Check oil level in reservoir (gate must be open and on ground)
- Lubricate per manufacturer instructions
- Operate liftgate through a complete cycle and check for proper operation

PERFORM EVERY 12 MONTHS

- Perform 90-day inspection
- Inspect self-lubricating bearings for excessive wear
- Inspect power motor
- Change hydraulic fluid

Comments _____
