

WILSON TRUCK LINES

UNIT # \_\_\_\_\_

POWER UNIT PM "B" INSPECTION

DATE: \_\_\_\_\_

METER: \_\_\_\_\_

**IN-CAB INSPECTION**

	OK	REPAIR
SAFETY BELTS		
SEAT (MOUNTING, ADJUSTMENT CONTROL)		
HORNS		
DEFROSTER AND HEATER MOTOR		
L/H SUNVISOR		
WINDSHIELD WIPER OPERATION		
WINDSHIELD BLADE CONDITION		
CRACKS IN L/H WINDSHIELD IN WIPER TRAVEL		
BOTH DOORS OPEN FROM INSIDE AND OUT		
WINDOWS ROLL DOWN		
LOW AIR BUZZER AND/OR LIGHT		
INSTRUMENT LIGHTING		
SPEEDOMETER		
HOLES IN FLOOR		
HIGH BEAM INDICATOR		
MIRRORS (CONDITION)		

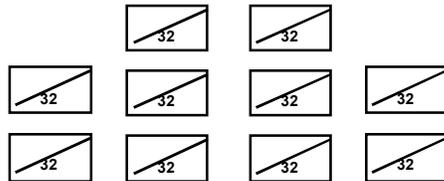
**WALK-AROUND INSPECTION**

	OK	REPAIR
HEADLIGHTS: HIGH AND LOW BEAM		
HEADLIGHT AIM		
CLEARANCE LAMPS		
SIGNAL AND BRAKE LAMPS		
REFLECTORS AND LENSES		
AIR SYSTEM HOLD PRESSURE		
GOVERNOR (OPERATION, CUTTING IN AND OUT)		
AIR LINES (RUBBING, CRACKED, DAMAGED)		
VALVES (LEAKING, CONDITION)		
FUEL LINKAGE		
POWER STEERING LEAKS		
POWER STEERING (LEAKS AT BOX, RESERVOIR AND LINES)		
EXCESSIVE PLAY IN STEERING BOX, SHAFT		
STEERING BOX MOUNTING		
DRAG LINK PLAY		
TIE ROD ENDS (PLAY, CONDITION)		
KING PINS (PLAY, CONDITION)		
WHEEL BEARINGS (PLAY)		
SPRINGS, PINS AND BRACKET (LOOSE, CRACKED)		
U-BOLTS FRONT AND REAR		
SHOCKS (LEAKING, BUSHINGS)		
CAB MOUNTS, FRONT AND REAR SHOCKS		
BUMPER, MOUNTING		
HOOD (MOUNTS AND LATCHES)		
RADIATOR (MOUNTS AND SUPPORTS)		
BATTERY BOX CONDITION		
YOKES ON TRANSMISSION AND DIFFERENTIALS (LOOSE)		

## WALK-AROUND INSPECTION

	OK	REPAIR
FIFTH WHEEL (MOUNTING, ADJUSTMENT)		
FIFTH WHEEL (CRACKS)		
REAR SUSPENSION TORQUE RODS		
SUSPENSION BUSING AND HANGERS		
AIR BAG (MOUNTING, LEAKS)		
EXHAUST PIPES (LEAKS, FLEX PIPE)		
TIRES (TREAD DEPTH, CUTS TO CORE 6/32DEPTH)		
HUBS (LOOSE, CRACKS)		
BRAKE LINING THICKNESS		
BROKEN MAXI SPRINGS		
BRAKE CHAMBER MOUNTING		
SLACK ADJUSTERS (NOT SEIZED, OPERATIONAL, ADJUSTED)		
WHEEL SEALS (LEAKING)		
OVERALL CONDITION OF THE VEHICLE		
ALL WHEELS NUTS RETORQUED TO 500 FT/LBS		

Tire Tread Depth



### TO BE COMPLETED BY A CERTIFIED MECHANIC

GARAGE NAME: \_\_\_\_\_ NUMBER \_\_\_\_\_  
 MECHANIC (Please Print) \_\_\_\_\_ NUMBER \_\_\_\_\_  
 SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**NOTE: This inspection MUST be completed by a certified mechanic.  
 When submitting the inspection form include a photocopy of the invoice  
 for the service performed.**

REPORT PROBLEM FOUND/ REPAIRS NEEDED IN SPACE PROVIDED BELOW!

1)	5)
2)	6)
3)	7)
4)	8)