



'B' Service: All trailers and dollies

Duration: _____kms or _____ months (whichever comes first)

*NOTE: Areas which do not relate to the particular Vehicle are to be marked NA. These are generic schedules **ONLY**. Contact your vehicle manufacturer for specific servicing schedule requirements for the make and model of your vehicle.*

Repairer: _____

Date: _____

Vehicle description: _____

Rego: _____

Odometer: _____

	Yes	NA
All components of 'A' Service check off?	<input type="checkbox"/>	<input type="checkbox"/>
Plus:		
Remove wheels and hub assembly on all axles and re-lubricate	<input type="checkbox"/>	<input type="checkbox"/>
Check:		
Chassis Sub frame for cracks, broken or loose bolts, broken weld and excess rust	<input type="checkbox"/>	<input type="checkbox"/>
Spare wheel and ensure it is secure	<input type="checkbox"/>	<input type="checkbox"/>
Condition of wiring and it is secure	<input type="checkbox"/>	<input type="checkbox"/>
Condition of air couplings	<input type="checkbox"/>	<input type="checkbox"/>
Condition of all air lines and ensure they are secure	<input type="checkbox"/>	<input type="checkbox"/>
Stub axle for wear, cracks and condition of thread	<input type="checkbox"/>	<input type="checkbox"/>
Condition of brake drums/pads, boosters and brake linings	<input type="checkbox"/>	<input type="checkbox"/>
Condition of mud guards, mud flaps and rear markers	<input type="checkbox"/>	<input type="checkbox"/>

REFER MANUFACTURERS SPECIFICATIONS FOR ALL FLUIDS AND LEVELS, ADJUSTMENTS AND SERVICE/REPAIR REQUIREMENTS

Note all Faults:

Mechanic Sign: _____ Print name: _____