

Dolly Weekly Service Schedule

Vehicle:		Date:	
Rego Number:		Driver/Inspector:	

Check for type of service due.

N/A	OK	FAULT
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Grease all points.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check turn table/locking mechanisms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check wheels, bearings and tyres.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inspect brake lining wear/travel/adjust if required.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check all lights and reflectors.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check condition of number plates, mud flaps, stickers, due dates and condition of labels etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check ring-feeder coupling automatic locking devices.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check air hose couplings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check date of next annual brake timing test.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check towing eye bushes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:			
Vehicle Repair Request Submitted:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

Signature: