



**MONTHLY LEASED EQUIPMENT MAINTENANCE REPORT**

**Tractor No.**

**Trailer No.**

**Date**

**By**

**Owner or Operator of above units.**

End of Month  
Odometer

**This report MUST be completed and returned to** the Safety Department not later than the 15th of the following month, If you fail to complete this report **and/or fail to** have the Company 60 day inspection completed by our designated company inspector we will **not again load** your equipment until this requirement has been complied with.

This is a combination REPAIR RECORD, LUBRICATION & GREASE RECORD AND A TIRE REPAIR AND REPLACEMENT RECORD, The DOT Regulations Section 396 requires that our company cause this record to be maintained.

**REPAIR SECTION**

DATE	List all repairs made, parts or equipment installed. Please attach a copy of all receipts.

**LUBRICATION RECORD**

DATE	Mileage	Lub.	Oil	Filter	Trans.	Diff.	Wheel Bearing

**TIRE RECORD**

Show depths in 32nds of an inch. If new tires added show date and mileage when added.

Slater

Drive

Trailer

**Has the vehicle covered by this report been involved in any type of accident during the past 90 days?** \_\_\_\_\_

**Is there an accident report form and a copy of the permanent lease agreement placed in the vehicle?**

**I certify the above entries are true and correct. That the repairs indicated have actually been performed.**

\_\_\_\_\_  
**OWNERS SIGNATURE**  
**(or that of Owners authorized agent)**