

**AWL TRANSPORT INC, dba TLX  
QUARTERLY MAINTENANCE REPORT**

**TRACTOR#**

**TRAILER #**

**SERIAL #:**

**SERIAL #**

**YEAR:**

**YEAR**

**MAKE:**

**MAKE**

**DRIVER'S NAME:**

**DRIVER'S NAME**

**VEHICLE LICENSE/STATE:**

**VEHICLE LICENSE/STATE:**

**REGISTERED OWNER:**

**REGISTERED OWNER:**

INSPECTION SECTION	OK	INSPECTION SECTION	OK
<b>TRACTOR</b>		<b>TRAILER</b>	
Warning Devices: 2 Flags, 3 Ref, etc		LIGHTS: Clearance	
Fire Ext: Charged (5BC or More)		Side Markers	
Windshield Wipers		Tail & Stop	
Windshield & Windows		Reflectors	
Mirrors		ID Lights	
Low Air Pressure Warning Device		Turn Signals	
Tractor Protection Valve		BRAKES: Hose & Tubing	
Speedometer: Record Mileage		Drums & Lining	
Steering Wheel & Column		Relay Emergency Valve	
Horn/s		Air Reservoir Secure	
Parking Brake		Wheels, Rims & lugs	
Seat Belts		Springs, Shackles, Etc	
Lights: Head High & Low		Condition of Floor & Tie Rail	
Tail, Stop, 4-Ways, Turn Signals		Bulkhead (Headerboard)	
Two Reflectors on Rear		ICC Bumper	
Clearance & ID Lights		Mudflaps	
Tie Rods, King Pin		Tires: # of Good Tires	
Steering Box Attachment		# & Position of Tires Defective	
Springs, Shackles, U-Bolts, Frame		Slider Rails, Pins, Etc	
Brakes: Drums & Lining		Frame & Cross Member	
Connections, Hose Tubing		Doors, Hinges (If Van Type)	
Wheels, Rims & Lugs		# of Chains, binders	
Tires: Total # of Good Tires		# of Tarps in Good Condition	
# & Position of Tires Defective		# of Sides (If Flat Type)	
Fuel System		Other	
Exhaust System Supported, Leaks			
Fifth Wheel Lock & Mounting			

Was equipment above passed \_\_\_\_\_ or rejected \_\_\_\_\_. Air loss test with all service brakes applied: \_\_\_\_\_ lbs in 1 minute.

I certify that on \_\_\_\_/\_\_\_\_/\_\_\_\_, at \_\_\_\_AM/PM, I inspected the above described equipment and all entries are true and correct.

SIGNATURE OF INSPECTOR: \_\_\_\_\_

**NOTE:** If defects are not corrected, tractor and trailer must be rejected.

**NAME OF INSPECTION STATION:** \_\_\_\_\_

**LOCATION & # OF INSPECTION STATION:** \_\_\_\_\_ **DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

I hereby certify that on the date stated above the person who made the inspection covered by this report was competent and qualified to make such inspection and was duly authorized to make such inspection as a representative of AWL Transport.

\_\_\_\_\_  
Signature of Officer or Other Supervisory  
Employee Responsible for Safety/Compliance