MONTHLY PREVENTIVE MAINTENANCE AND REPAIR HISTORY RECORD

Month/Year:_____ Unit No.:_____ Motor Carrier Name: _____

Unit Type: _____ Motor Carrier Address: _____

Division: _____ Terminal: _____

Make: _____ Model:_____ Year: _____ Vin/Serial Number:_____

No. of Tires:_____ Size: _____ Ply:_____

Preventive Maintenance Schedules (Type of Service)

A. _____ B. _____ C. _____ D. _____

A. _____Miles/Days/Hours B. _____Miles/Days/Hours C. _____Miles/Days/Hours D. _____Miles/Days/Hours

Each fleet should adopt its own P.M.Schedules. to determine P.M. intervals and types of service to be performed refer to the vehicle manufacturer's manual, applicable state or federal regulations and past operating experiences.

DATE	ODOMETER-HUB READING-HOURS	NATURE OF WORK PERFORMED	INVOICE #	COST	PM DONE (SERVICE)	LOCATION CITY, STATE	SHOP NAME

TIRE RECORD

DATE	ODOMETER-HUB READING	NATURE OF WORK PERFORMED	INVOICE #	COST	TIRE NO/POSITION	LOCATION CITY, STATE	SHOP NAME

_____ _____ _____

I VERIFY THE ABOVE INFORMATION IS CORRECT: Print (First, Middle, Last Name) Date Signed:

PART 396 OF THE DEPARTMENT OF TRANSPORTATION REGULATION REQUIRES THE MOTOR CARRIER TO MAINTAIN A RECORD OF ALL MAINTENANCE. ALL MAINTENANCE AND REPAIRS FOR EACH UNIT MUST BE REPORTED BY THE 15TH OF THE FOLLOWING MONTH.