



PRE-DELIVERY INSPECTION FORM

Dealer: _____	Trailer VIN #: _____
Performed at location: _____	Model #: _____
	Manufacture Date: _____

Before releasing any trailer to the customer, perform the following inspections, sign, and file form in customers file

Quality Control CODE	X=O.K.	A=ADJUST	R=REPAIR	Tech ✓	QC ✓
1. Wheel-nut torque (3/4" studs 450-500 lb.ft.) Do not over-tighten with wheel wrench!!					
2. Install Nut covers on all Aluminum Wheels (optional)					
3. Slack adjuster travel-less then 2" at 85-90 psi.					
4. Check Oil level in hubs & Grease Trailer					
5. Cycle air brake service system, then bleed system to verify parking brakes apply and release fully					
6. All lights operating. Power to rear Pintle Hook receptacle if installed					
7. Check Operation of all Dump Valves					
8. Tire Pressure (cold) _____ see DOT plate or mfr. Inst. Tire Size _____					
9. Suspension: Type: Spring _____ Air _____ Serial #: _____ Model #: _____ Ride Height: _____ inches Check all suspension components and verify torque _____					
10. Check operation and timing of Ramps					
11. Check all operation of any installed Options					
12. Install MVI Sticker on roadside siderail , within two feet of front of trailer					
13. Check operation of Reverse-o-Matric lift axle (quad axle) and primary axle					
14. Install stakes in proper order (Logger)					
15. Check all winches for operation and tire clearance					
16. Tarp Operation					
17. Tailgate Function					
18. Hydraulic power pack operation					
19. Check fluids					
20. Inspect flooring					
22. Wash wheels clean of grease/oil, wash exterior of trailer if requested.					

** Note-if Trailer has been stored for a period of time, clean all dirt and contaminants out of Gladhands. Cycle air system several times to loosen up "O" rings and lubricants in valves.*

"WOULD I BUY THIS PIECE OF EQUIPMENT TODAY?"

MARK CLEARLY ALL DAMAGE OR DEFICIENCY FOUND BY INSPECTION SYMBOL "S" SCRATCH - "C" CUT - "H" HOLE - "D" DENT

LEFT SIDE

○ ○

RIGHT SIDE

○ ○

FRONT

REAR

FLOOR

Comments:

Inspected By: _____ Date: _____

QC Inspected by: _____ Date: _____