

# CR TRANSPORT, INC. TRAILER MONTHLY MAINTENANCE REPORT

DATE: \_\_\_\_\_ TRAILER # \_\_\_\_\_

VIN#: \_\_\_\_\_ TIRE SIZE \_\_\_\_\_

BY: \_\_\_\_\_ OWNER OR OPERATOR (Circle One)

This report **MUST** be completed and returned to our office no later than the **15<sup>th</sup>** of the following month. If you fail to complete this report and/or fail to have the Annual inspection completed by a designated DOT certified 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 TIRE REPAIR AND REPLACEMENT RECORD**. The DOT Regulations (Section 396.2) requires that our company cause this record to be maintained.

### REPAIR/BRAKE SECTION

DATE	ODOMETER	REPAIRS MADE, BRAKE ADJUSTMENTS, PARTS OR EQUIPMENT INSTALLED

REPAIRS COMPLETED BY: \_\_\_\_\_ CERTIFICATION# \_\_\_\_\_  
DATE \_\_\_\_\_

### LUBRICATION RECORD

DATE	ODOMETER	LUB.	WHEEL BEARING

COMPLETED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

### TIRE RECORD

SHOW DATE AND ODOMETER READING, NUMBER OF PLYS OF REPLACEMENT

TRAILER	ODOMETER	DATE	TRAILER	ODOMETER	DATE

Has the vehicle covered by this report been involved in an accident in 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.

\_\_\_\_\_  
OWNER SIGNATURE