

CR TRANSPORT, INC. TRACTOR MONTHLY MAINTENANCE REPORT

DATE: _____ TRACTOR#: _____

VIN#: _____ TIRE SIZE _____

BY: _____ OWNER OR OPERATOR (Circle One)

This report **MUST** be completed and returned to our office no later than the **15th** 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.	OIL	FILTER	TRANS	DIFF	WHEEL BEARING

COMPLETED BY: _____ DATE: _____

TIRE RECORD

SHOW DATE AND ODOMETER READING, NUMBER OF PLYS OF REPLACEMENT

STEER	ODOMETER	DATE	DRIVE	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 these entries to be true and correct.

OWNER SIGNATURE