

Equipment ID: 6028417 VIN: 205 Manufacturer: Vauxhall Primary Plate: 6M60597

DOT / BIT Inspection and PM Worksheet

Check Mark = OK

X = Needs Further Attention

R = Repaired

N/A = Not Applicable

☒ Greed Hands & Rubber Grommets	Repaired ☐
☒ 7-Way Electrical Plug	Repaired ☐
☒ Registration, Valid License Plate and sticker	Repaired ☐
☒ Lights, Wiring and Signal Conditions	Repaired ☐
☒ Exterior Trailer - Body Condition and Coupling Device	Repaired ☐
☒ Corner Locking Devices	Repaired ☐
☒ Landing Gear Lugs / Gear Box and Bracing - Lubricate & Cycle	Repaired ☐
☒ Fuel Tank and Fuel System (Rocker)	Repaired ☐
☒ Air Brake System - Test for leaks	Repaired ☐
☒ Dump Valve (Air Ride Only) - Test operation and check for leaks	Repaired ☐
☒ ABS System - Actuate	Repaired ☐
☒ Air Lines - Check for damage / wear / chaffing	Repaired ☐
☒ Suspension Hangers - Free of defects and cracks	Repaired ☐
☒ Air Tank and Mounting Brackets	Repaired ☐
☒ Brakes - Drums / Linings / Air Chambers - Free of defects and cracks	Repaired ☐
☒ Slack Adjusters / S-cams / Brake adjustment - Lubricate & adjust	Repaired ☐
☒ Suspension / U-Bolts / Springs - Free of defects and cracks	Repaired ☐
☒ Flatbed Winches - Lubricate and Cycle	Repaired ☐
☒ Sub-Frame - Free of Cracks / Bent Crossmembers	Repaired ☐

TIRES (in 32nds)

Axle	Position	TD	Brand	PSI	Position	TD	Brand	PSI
1	LO Front	12		100	RO Front	12		100
	LI Front	13		100	RI Front	13		100
2	LO Middle				RO Middle			
	LI Middle				RI Middle			
3	LO Rear	12		100	RO Rear	13		100
	LI Rear	13		100	RI Rear	13		100

Brakes (in 8ths)

Axle	Position	Depth
1	L Front	5/8
	R Front	
2	L Middle	
	R Middle	
3	L Rear	5/8
	R Rear	

Hub: _____
 Engine Hrs: _____
 Prev. Time: _____
 Fuel Hrs: _____

NOTES:

California BIT Inspected & Passed

By signing and dating this form the inspector certifies (i) the accuracy and completeness of the inspection of this vehicle in compliance with all of the requirements of 49 C.F.R. Part 396.17, and (ii) that the vehicle has passed inspection in accordance with 49 C.F.R. Part 396.17.

Inspection Conducted By: A. T. [Signature] (Inspector Signature)
 Inspection Date: 9-14-24

Print Name: Tony Phillip Company Name: Dedicated Fleet Services, LLC