



Unit Preventive Maintenance

UNIT # _____ DATE _____

LAST 4 #'s OF VIN: _____ LOCATION: _____

UNIT TYPE: _____

OPERATOR SIGNATURE _____

WALK AROUND

Check For Damage _____

Grease Parts		Check Fluids	
Plug Valves	Drivelines	Radiator	Hydraulic System

Check the following					
Engine	Oil Level/PSI	Oil Filter	Air Filter	Fuel Filter	Fan Belt
Engine (1)					
Engine (2)					
Engine (3)					
Transmission (1)					
Transmission (2)					
Hi-Pump (1)					
Hi-Pump (2)					

Notes any issues or problems: _____

Notes: Mark N/A if not applicable for unit. When checking fluids, indicate if leaking and if corrected. Once filled out turn into Crew Leader.