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Flat Dack Trailor Checklist

Inspection Details

Report #: _____
 Location: _____
 Inspection Date: _____
 Inspector Name: _____

Fleet Details

Fleet # : _____
 Fleet Category : _____
 Fleet Name : _____
 VIN #: _____
 Meter Reading: _____
 Model/Year: _____

FLAT BED TRAILOR CHECK LIST

SN	Inspection Item	Note	Good	Repair	Replace	NA
1	Safety chains.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Pintle hook and draw bar. (OR BALL AND TONGUE).		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Marker lights operative.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Reflectors intact.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Tires-(don't forget spare)-enough tread depth-pressure corrects-no visible dry rot.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	License plate.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Brake pads.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Brake rotors.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Wheels / lugs secure.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Flooring.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Hitch secure to tow vehicle.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Coupler.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Equipment secure (cargo).		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14	Triangles / Flares .		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Additional Note

Overall Condition: _____

Vehicle Safe to Use: _____

Maintenance Priority: _____

Deployed: _____

Signature

Dashboard



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