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Low Bed Trailer Checklist

Inspection Details

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

Fleet Details

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

GENERAL CHECK UP

SN	Inspection Item	Note	Good	Repair	Replace	NA
1	Tyre Condition & Pressure Checks.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Wheel Hubs, Bearings and Trailer Axle.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Check Your Trailer Brakes.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Suspension Components.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Trailer Chassis Checks.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Trailer Lights & Wiring.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Tow Hitch.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Note

Overall Condition:

Fleet Safe to Use:

Maintenance Priority:

Deployed:

Signature



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