

Truck Service Inspection Job Card Form

Job Card No.

Date

Customer Name

Vehicle No.

Make & Model

Odometer Reading

Inspection Checklist

Item	OK	Attention Needed	Remarks
Engine Oil Level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Brake Fluid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Coolant Level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Lights & Signals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Tire Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Battery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Brakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Steering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Suspension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Mechanic's Recommendations

Inspector Name

Signature

Date