### **Truck Maintenance Checklist**

**Document Title:** Truck Maintenance Checklist  
**Date:** [Insert Date]  
**Prepared by:** [Insert Name]  
**Reviewed by:** [Insert Name]

**Section 1: General Information**

* **Truck Model/ID:** [Insert Truck Model or ID]
* **License Plate:** [Insert License Plate Number]
* **Location:** [Insert Location]
* **Frequency:** [Daily, Weekly, Monthly, Quarterly, Yearly]

**Section 2: Checklist Items**

| **Task/Item** | **Checkpoints** | **Status (✓/✗)** | **Remarks** | **Assigned to** |
| --- | --- | --- | --- | --- |
| Check tire pressure | Ensure proper inflation levels |  |  |  |
| Inspect brake system | Verify no leaks or wear |  |  |  |
| Check engine oil levels | Maintain recommended oil levels |  |  |  |
| Inspect lighting systems | Test headlights, taillights, indicators |  |  |  |

**Section 3: Observations and Issues**

[Same structure as above.]