



Preventive Maintenance Schedule D (Annual Service)

Name: Designation:

Vehicle No.: Date:

Sr. No.	Inspection Item	Status	Remark
Previous Schedule Verification			
1	All Schedule A items completed and documented	☐ OK ☐ Pass ☐ Fail ☐ NA	.....
2	All Schedule B items completed and documented	☐ OK ☐ Pass ☐ Fail ☐ NA	.....
3	All Schedule C items completed and documented	☐ OK ☐ Pass ☐ Fail ☐ NA	.....
4	Previous service recommendations addressed	☐ OK ☐ Pass ☐ Fail ☐ NA	.....
5	Maintenance history review completed	☐ OK ☐ Pass ☐ Fail ☐ NA	.....
6	Outstanding recalls and bulletins addressed	☐ OK ☐ Pass ☐ Fail ☐ NA	.....
7	Warranty status verified and documented	☐ OK ☐ Pass ☐ Fail ☐ NA	.....
DOT Compliance Inspection			
8	Commercial vehicle identification and documentation	☐ OK ☐ Pass ☐ Fail ☐ NA	.....
9	Driver's license and medical certification verification	☐ OK ☐ Pass ☐ Fail ☐ NA	.....
10	Hours of service compliance documentation	☐ OK ☐ Pass ☐ Fail ☐ NA	.....
11	Vehicle registration and insurance verification	☐ OK ☐ Pass ☐ Fail ☐ NA	.....
12	Hazmat placarding and documentation (if applicable)	☐ OK ☐ Pass ☐ Fail ☐ NA	.....
13	Weight limits and load distribution compliance	☐ OK ☐ Pass ☐ Fail ☐ NA	.....
14	DOT inspection sticker and certification renewal	☐ OK ☐ Pass ☐ Fail ☐ NA	.....
Comprehensive Safety Certification			
15	OBD system comprehensive diagnostic scan	☐ OK ☐ Pass ☐ Fail ☐ NA	.....
16	Emissions test cycle completion and certification	☐ OK ☐ Pass ☐ Fail ☐ NA	.....

Sr. No.	Inspection Item	Status	Remark
17	EGR system functionality certification	☐ OK ☐ Pass ☐ Fail ☐ NA	.....
18	Evaporative emission system test and certification	☐ OK ☐ Pass ☐ Fail ☐ NA	.....
19	DPF and SCR system compliance verification	☐ OK ☐ Pass ☐ Fail ☐ NA	.....
20	EPA certification and documentation	☐ OK ☐ Pass ☐ Fail ☐ NA	.....

Inspector Signature: _____

Barcode: _____