

# Tire Pressure Control Systems (TPCS) – Field Inspection – Basic (Drive & Trailer)

Date: \_\_\_\_\_

Field Report #: \_\_\_\_\_

Location: \_\_\_\_\_

Inspected By: \_\_\_\_\_

Vehicle Make: \_\_\_\_\_

Mileage: \_\_\_\_\_

TPCS Make: \_\_\_\_\_

Unit #: \_\_\_\_\_

Vehicle Owner: \_\_\_\_\_

Driver: \_\_\_\_\_

**Inspection Codes**      **√ = Pass**      **X = Failed**      **■ = Repairs Completed**

**A. OPERATION OF SYSTEM**

√      X      ■      **Comments:**

**INSPECT WITH FULLY LOADED VEHICLE**

- |  |                          |                          |                          |  |
|--|--------------------------|--------------------------|--------------------------|--|
| 1. Check operation of Operator Control Unit: .....     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 2. Select off-hwy unloaded setting (lowest pressures): | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| - drive tires deflated .....                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| - trailer tires deflated .....                         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |

**B. MAIN LINES, PLUMBING, & ATTACHMENTS**

- |                                     |                          |                          |                          |  |
|-------------------------------------|--------------------------|--------------------------|--------------------------|--|
| 1. Check drive axle hardware:       |                          |                          |                          |  |
| - valves on (if applicable) .....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| - hoses and hardware in place ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| 2. Check trailer axle hardware:     |                          |                          |                          |  |
| - valves on (if applicable) .....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |
| - hoses and hardware in place ..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |  |

**FURTHER COMMENTS:** (Use back of page if necessary)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Inspection done by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Repairs completed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_