

Maintenance services table of three month after sale

| | | | | | |
|--|-----------------------------------|-----------------|------------------|--------------------|----------------------|
| Reference No. | | Service company | | | |
| Engine model | | Sales company | | | |
| Sales date | | Address | | | |
| User's company | | Contact person | | Tel | |
| Working item | | | | examination result | confirmation by user |
| Adjustment to show on panel | HOUR METER: | | h | | |
| | Diesel oil pressure: | | Mpa | | |
| | Diesel oil temperature: | | °C | | |
| | Air pressure of brake: | | Mpa | | |
| | Transmission pressure: Forward 1: | | Mpa | | |
| | Forward 1: | | Mpa Reverse: Mpa | | |
| | Torque converter temperature: | | °C | | |
| Check leakage of oil, water, air | | | | | |
| Check the strange noise and abnormality of overheating | | | | | |
| Check the fix of each part and bolt, nut | | | | | |
| Check the flawing of structure cover and cab etc | | | | | |
| Check input of lubricant grease and wearing of articulated point | | | | | |
| Check the function of pedal, switch ,handle ,button | | | | | |
| Check brake system and air reservoir | | | | | |
| Change engine lubricating oil and filters | | | | | |
| Clean transmission box and change hydraulic oil filter; change hydraulic oil when necessary(over 1000 hours) | | | | | |
| Check driving axle ,working for over 600 hours must change lubricant | | | | | |
| Check brake system (mix of oils is prohibited) | | | | | |
| Check abrasion of brake disc (not exceed 2/3) | | | | | |
| Clean the dirt on radiator | | | | | |
| Check the pressure of tyres | | | | | |
| Fill enough lubricant in redirector | | | | | |

| | | | |
|--|--|---|--|
| Traversing mechanism make-up lubricant ,steering system pressure check Test index Mpa | | Adjusted: Mpa | |
| Check the pressure of operating system | | | |
| Pressure test adjusting in working system Test index Mpa | | Adjusted: Mpa | |
| Break and opinion: | | Check by service center: | |
| Signature: | | Signature: | |
| Date : | | Date: | |
| Evaluation by users: | | Check by after-sale service department: | |
| Satisfactory <input type="checkbox"/> | | | |
| Unsatisfactory <input type="checkbox"/> General <input type="checkbox"/> | | | |
| Signature: | | Signature: | |
| Date : | | Date : | |