

Vehicle Maintenance Checklist

TAG#:

VEHICLE TYPE: _____

MONTH/YEAR _____

Program Name _____

Daily Inspections	THESE ITEMS MUST BE CHECKED PRIOR TO OPERATING VEHICLE.																																
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
OIL / ENGINE																																	
WATER & COOLANT																																	
TIRES / AIR & TREAD																																	
ALL CONTROLS																																	
LIGHTS / DOME																																	
GAUGES & SWITCHES																																	
BRAKES																																	
SEAT BELTS / CAGE																																	
STEERING																																	
HORN																																	
WIPERS / BLADES																																	
INTERIOR / EXTERIOR																																	
FIRST AID/EMERGENCY KIT																																	
SUPERVISOR'S SIGNATURE																DRIVER'S SIGNATURE																	
Weekly Inspections	THESE ITEMS MUST BE CHECKED ONCE EACH WEEK.																																
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		
TRANSMISSION FLUID																																	
BATTERY																																	
BODY CONDITION / CLEAN																																	
SUPERVISOR'S SIGNATURE																INSPECTOR'S SIGNATURE																	