

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																