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																