

MONTHLY VEHICLE INSPECTION REPORT

This Inspection form is to be filled out throughout the month and turned in with Vehicle Mileage Log

VEHICLE # _____ DEPT. _____ MTH/YR _____/_____/_____

DAILY INSPECTION:

*PLEASE DATE FOR EACH DAILY INSPECTION COMPLETED

- OIL
- BATTERY
- RADIATOR FLUID
- BODY/GLASS/MIRRORS
- RADIATOR FLUID
- LIGHTS/WIPERS
- BELTS
- TIRES

	SUN	MON	TUE	WED	THU	FRI	SAT
	/	/	/	/	/	/	/
	/	/	/	/	/	/	/
	/	/	/	/	/	/	/
	/	/	/	/	/	/	/
	/	/	/	/	/	/	/

COMMENTS: _____

WEEKLY INSPECTIONS:

*PLEASE DATE FOR EACH WEEKLY INSPECTION COMPLETED

- TRANSMISSION FLUID
- TIRE PRESSURE
- CLEAN EXTERIOR
- CLEAN INTERIOR

WK 1	WK 2	WK 3	WK 4	WK 5
/	/	/	/	/

COMMENTS: _____

QUARTERLY PREVENTIVE MAINTENANCE [TO BE PRFORMED BY GARAGE] DATE ____/____/____

- VEHICLES TO BE WASHED DURING QUARTERLY PM BY GARAGE STAFF

INSPECTED BY _____ (VEHICLE DRIVER) SUPERVISORS INITIALS _____