

GU0609-09/07

**Weekly Vehicle Inspection and Maintenance Log**

Check all boxes that apply, a check mark indicates that the inspection was performed and/or found to be OK. Daily Inspection/Maintenance Required as listed in the table below. List all other maintenance performed in the *Other Vehicle Maintenance Performed Section*. This would include Transmission service & Oil Changes, Tire Changes/Rotation, Tune-ups, Brake jobs, and any engine or mechanical repairs. If the Friday weekly service item is performed on a different day, please enter the actual date the service was performed in the appropriate box.

Vehicle Make: \_\_\_\_\_ Vehicle Model: \_\_\_\_\_  
 Vehicle VIN#: \_\_\_\_\_ Vehicle Yr: \_\_\_\_\_

<b>Monday Date:</b> _____	<b>Tuesday Date:</b> _____
<b>Person Inspecting:</b> _____	<b>Person Inspecting:</b> _____
<input type="checkbox"/> Vehicle Interior Cleaned	<input type="checkbox"/> Vehicle Interior Cleaned
<input type="checkbox"/> Personal Protective Kit Inventoried/Restocked	<input type="checkbox"/> Personal Protective Kit Inventoried/Restocked
<input type="checkbox"/> Vehicle Fuel Adequate	<input type="checkbox"/> Vehicle Fuel Adequate
<input type="checkbox"/> Oil Checked	<input type="checkbox"/> Oil Checked

<b>Wednesday Date:</b> _____	<b>Thursday Date:</b> _____
<b>Person Inspecting:</b> _____	<b>Person Inspecting:</b> _____
<input type="checkbox"/> Vehicle Interior Cleaned	<input type="checkbox"/> Vehicle Interior Cleaned
<input type="checkbox"/> Personal Protective Kit Inventoried/Restocked	<input type="checkbox"/> Personal Protective Kit Inventoried/Restocked
<input type="checkbox"/> Vehicle Fuel Adequate	<input type="checkbox"/> Vehicle Fuel Adequate
<input type="checkbox"/> Oil Checked	<input type="checkbox"/> Oil Checked

<b>Friday Date:</b> _____	<input type="checkbox"/> Headlights, Turn Signals, Brake lights functionally checked	<input type="checkbox"/> Transmission Fluid Level Checked
<b>Person Inspecting:</b> _____	<input type="checkbox"/> Tire Pressure/wear checked	<input type="checkbox"/> Windshield Washer Fluid Checked/filled
<input type="checkbox"/> Vehicle Interior Cleaned	<input type="checkbox"/> Exterior of Vehicle Washed	<input type="checkbox"/> Fire Extinguisher Checked & Present
<input type="checkbox"/> Personal Protective Kit Inventoried/Restocked	<input type="checkbox"/> Spare Tire, Jack & Wrench present & functional	<input type="checkbox"/> First Aid Kit present and Restocked
<input type="checkbox"/> Vehicle Fuel Adequate	<input type="checkbox"/> Flashlight & Fuses present & functional	<input type="checkbox"/> Vehicle Papers up to date, inspection sticker, insurance card, license tag
<input type="checkbox"/> Oil Checked	<input type="checkbox"/> Coolant Levels Checked	<input type="checkbox"/> Eye Wash Station present and functional/restocked
<input type="checkbox"/> Wiper Blades Inspected		
<input type="checkbox"/> Vehicle Exterior Washed		

<b>Mileage</b>	<b>Other Vehicle Maintenance Performed</b>

**Enter the vehicle odometer mileage each time fuel is put into this vehicle**

<b>Employee</b>	<b>Date Fuel Purchased</b>	<b>Mileage at time Fuel put into Vehicle</b>