

VEHICLE OPERATOR'S INSPECTION GUIDE & TROUBLE REPORT		Date (MO/YR)
Vehicle Make: _____		Model: _____
Serial No. _____		
INSPECTIONS TO BE COMPLETED BEFORE USE OR ITEMS TO BE CHECKED WEEKLY <i>(Operator's signature required on reverse)</i>		
1.	CLEAN VEHICLES <i>(exterior and interior)</i>	
2.	DAMAGE <i>(exterior and interior, missing parts)</i>	
3.	TIRES <i>(visually check for damage/abnormalities)</i>	
4.	LEAKS <i>(visually check fuel/oil/coolant levels)</i>	
5.	ENGINE OIL & COOLANT <i>(visually check fluid levels)#</i>	
6.	BATTERY <i>(visually check fluid levels/hold-downs secure/cleanliness)</i>	
7.	DRIVE BELTS <i>(visually check for fraying or cracking)</i>	
8.	LIGHTS <i>(visually check for proper operation)</i>	
9.	SAFETY DEVICES <i>(seatbelts, harness, lanyards, warning lights)</i>	
10.	INSTRUMENTS/HORN/WIPERS <i>(functional check for operation)</i>	
11.	BRAKES/STEERING <i>(functionally check-responsive, effective, smooth)</i>	
12.	UNUSUAL OCCURENCES <i>(noise, vibration/odor/erratic instruments)</i>	
13.	OTHER <i>(specific)</i>	
14.	OTHER <i>(specific)</i>	
15.	OTHER <i>(specific)</i>	
16.	OTHER <i>(specific)</i>	
# Check engine oil following each refueling		

Items to be checked <i>(continued)</i>		
17.	Other <i>(specify)</i>	
18.	Other <i>(specify)</i>	
19.	Other <i>(specify)</i>	
20.	Other <i>(specify)</i>	
OPERATOR'S SIGNATURE SIGNIFIES ACCOMPLISHMENT OF CHECKS		
1.	11.	21.
2.	12.	22.
3.	13.	23.
4.	14.	24.
5.	15.	25.
6.	16.	26.
7.	17.	27.
8.	18.	28.
9.	19.	29.
10.	20.	30.
		31.
MONTHLY INSPECTION ITEMS		
1. Check & lubricate	3. Change oil return filter	
2. Check battery condition		
Signature for Monthly Inspection:		Date <i>(beginning of month)</i>

