

## Operator Vehicle Inspection Form

**Each vehicle operator is responsible for performing routine checks.**

Operators of vehicles are encouraged to complete inspection of the unit BEFORE AND AFTER operation, but MUST complete inspections at least as often as indicated below. All defects discovered during inspections or during actual operation should be

Complete the Month/Year and Vehicle ID#. Place a checkmark on each item that you review if everything is working properly. Write in tire pressures and fluid levels. Note anything unusual. Date and initial the appropriate column.

**Month/Year:** \_\_\_\_\_ **Vehicle ID#** \_\_\_\_\_ **Yr/Make/Model** \_\_\_\_\_

ITEM DESCRIPTION	MONTHLY	WEEKLY	1	2	3	4	5
Keyless entry / Remote access	x						
Exterior damage		x					
Inscription		x					
License plates (front and rear)		x					
Windshield wiper blades	x						
Tire pressure    Left Front		x					
Right Front		x					
Left Rear		x					
Right Rear		x					
Tire tread	x						
Spare tire	x						
Cleanliness (interior and exterior)		x					
Lights & Signals		x					
Engine coolant	x						
Hoses & Belts	x						
Oil levels	x						
Battery water level	x						
Windshield Washer Fluid		x					
Brakes (by depressing the pedal)		x					
Accident Report Package	x						
Insurance Card/Inspection Certificate	x						
Seat belts	x	x					
Check mirror movement	x						
Horn	x						
Gauges		x					
Electric locks & windows	x						
Other items specific to your vehicle: (please list below)							

**Date PM performed:**

**PM performed by:**