

Vehicle Maintenance Check List

Office of Facilities Management

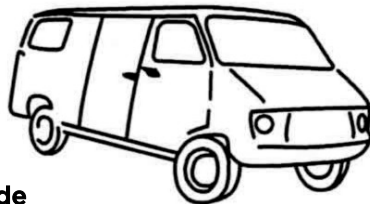
Date: _____ Vehicle #: _____ Make/Type/Model: _____

Beginning Mileage: _____ Mileage Upon Return: _____

Auto Mechanic Complete and Initial:			Driver Complete and Initial:		
Item	OK	Comments	Item	OK	Comments
Registration	<input type="checkbox"/>	_____	Registration	<input type="checkbox"/>	_____
Insurance	<input type="checkbox"/>	_____	Insurance	<input type="checkbox"/>	_____
Credit Card*	<input type="checkbox"/>	_____	Credit Card*	<input type="checkbox"/>	_____
Lights	<input type="checkbox"/>	_____	Lights	<input type="checkbox"/>	_____
Wipers	<input type="checkbox"/>	_____	Wipers	<input type="checkbox"/>	_____
Horn	<input type="checkbox"/>	_____	Horn	<input type="checkbox"/>	_____
Mirrors	<input type="checkbox"/>	_____	Mirrors	<input type="checkbox"/>	_____
Tires	<input type="checkbox"/>	_____	Tires	<input type="checkbox"/>	_____
Fuel	<input type="checkbox"/>	_____	Fuel	<input type="checkbox"/>	_____
Oil	<input type="checkbox"/>	_____	Interior: Clean	<input type="checkbox"/>	_____
Coolant	<input type="checkbox"/>	_____			
Wiper Fluid	<input type="checkbox"/>	_____			
Trans Fluid	<input type="checkbox"/>	_____			
Interior: Clean	<input type="checkbox"/>	_____			
*If Applicable			*If Applicable		

Driver's Comments:

Exterior: Mark any damage with an "x" in place of diagrams below:



Passenger's Side

Driver's Side

