

Vehicle Maintenance and Inspection Sheet

Date : _____

Operator : _____

Truck # _____

Mileage : _____

Inspection

Check List

	Inspected	Amount Added	Units	Fixed	Replaced
Head Lights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brake Lights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Way Flashers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Strobes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Window Washer Fluid Level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Windshield Wiper Blades	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Horn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brake Fluid Level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radiator Coolant Level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fan Belt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oil Level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transmission Fluid Level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Driver Side Tire Pressures				Tread Depth	
Front	<input type="checkbox"/>	<input type="checkbox"/>	psi	<input type="checkbox"/>	inches
Rear Or Outside Dual	<input type="checkbox"/>	<input type="checkbox"/>	psi	<input type="checkbox"/>	inches
Inside Dual	<input type="checkbox"/>	<input type="checkbox"/>	psi	<input type="checkbox"/>	inches
Passenger Side Tire Pressures					
Front	<input type="checkbox"/>	<input type="checkbox"/>	psi	<input type="checkbox"/>	inches
Rear Or Outside Dual	<input type="checkbox"/>	<input type="checkbox"/>	psi	<input type="checkbox"/>	inches
Inside Dual	<input type="checkbox"/>	<input type="checkbox"/>	psi	<input type="checkbox"/>	inches

Additional Problems or Maintenance Performed:

Signed: _____