

**UC MERCED  
FACILITIES MANAGEMENT-FLEET SERVICES  
MONTHLY VEHICLE/EQUIPMENT INSPECTION**

Month: January

Department: \_\_\_\_\_

End of month mileage: \_\_\_\_\_

Make/Model/Year: \_\_\_\_\_

Vehicle number: \_\_\_\_\_

Recommended next service date \_\_\_\_\_

License plate number: \_\_\_\_\_

***This completed form MUST be turned into Fleet Services along with the mileage log and all month's Voyager receipts no later than the 10th of each month for every vehicle!***

***NOTE: If not turned into Fleet Services by due date, inspection will be completed by Fleet Services and your department will be automatically recharged \$25.99. No Exceptions!***

Items in glove box:

Accident forms X  
Vehicle registration X

Tire Gauge X  
Camera X

\*\*\*PLEASE MARK WITH: SATISFACTORY X OR REPLACE OR REPAIR R (Remarks on reverse please)

X general appearance  
X coolant  
X oil level  
X transmission fluid  
X battery condition  
X brake fluid  
X oil leaks  
X belt condition  
X hood latch  
X body dings/dents

X horn  
X mirrors  
X wiper blades  
X tires--wear/proper pressure?  
X doors  
X glass/windows  
X seat belts  
X heater  
X air conditioner

X tool storage  
X headlights  
X brake lights  
X tail lights  
X turn signals  
X emergency flashers  
X interior  
X exterior body  
X flares  
X first aid kit

X suspension  
X steering  
X power steering fluid  
X brakes  
X shocks  
X spare tire  
X tire jack  
X fire extinguisher  
X engine appearance  
(needs cleaning or degreasing)

**OVERALL VEHICLE/EQUIP CONDITION**

Overall Comments: \_\_\_\_\_

☐ EXCELLENT ☐ GOOD ☐ FAIR ☐ POOR ☐ DO NOT OPERATE

Inspector signature \_\_\_\_\_

Responsible supervisor \_\_\_\_\_

Print name \_\_\_\_\_

Date of report \_\_\_\_\_