

MONTHLY MAINTENANCE CHECK

Vehicle # _____

Mileage _____

Date _____

Checked By _____

- | | |
|-----------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Headlights | <input type="checkbox"/> Right Rear Tire |
| <input type="checkbox"/> Brake Lights | <input type="checkbox"/> Left Rear Tire |
| <input type="checkbox"/> Turn Signals | <input type="checkbox"/> Spare Tire |
| <input type="checkbox"/> Tail Lights | <input type="checkbox"/> Windshield Wipers |
| <input type="checkbox"/> Emergency Flashers | <input type="checkbox"/> Parking Brake |
| <input type="checkbox"/> Power Steering Fluid | <input type="checkbox"/> Brake Pedal Action |
| <input type="checkbox"/> Check Brake Fluid | <input type="checkbox"/> Mirrors / Horn |
| <input type="checkbox"/> Check Battery | <input type="checkbox"/> Seat Belts |
| <input type="checkbox"/> Check Radiator | <input type="checkbox"/> Defroster / Fan |
| <input type="checkbox"/> Standard Form 269 | <input type="checkbox"/> Jack / Tire Iron |
| <input type="checkbox"/> Right Front Tire | <input type="checkbox"/> Check Oil Level |
| <input type="checkbox"/> Left Front Tire | <input type="checkbox"/> Transmission Fluid |

Remarks: