



VEHICLE (WEEKLY) INSPECTION FORM

Unit # _____ Make _____ Model _____ Year _____
 Insp. Sticker Exp. Date _____ License Plate # _____ VIN # (last 4 digits) _____

Week of: _____ Next Oil Change: _____

Inspection Date	/	/	/	/	/	/	/							
Inspected By														
Odometer Reading														
	CONDITION													
CATEGORY	Sat.	Un.	Sat.	Un.	Sat.	Un.	Sat.	Un.	Sat.	Un.	Sat.	Un.	Sat.	Un.
Oil Level														
Brake Fluid Level														
Windshield Fluid Level.														
Power Steering Fld. Level														
Anti-Freeze Level														
Battery Fld. Level														
Transmission Fluid														
Speedometer working														
Mirrors (functional)														
Glass (windshield)														
Windshield Wipers														
Turn Indicator														
Horn Functional														
Emergency Flashers														
Head lights														
Parking Lights														
Tail Lights														
Brake lights														
Back-up lights														
Door Locks														
Brakes														
Hand Brake														
Steering Wheel Play														
Exhaust System														
Tire Air Pressure/Tire														
Seat Belts														
Exterior Body Condition														
Seats														

Explain all items shown as unsatisfactory:

The report must be signed by the Department/Division Head/Supervisor. A COPY of completed form is to be routed to the Human Resources Department - Risk Management for record.

Report Approved by (Department/Division Head): _____ Printed Name: _____

Dept./Division: _____ Signed Name: _____



MACHINERY (WEEKLY) INSPECTION FORM

Unit # _____ Make _____ Model _____ Year _____
Insp. Sticker Exp. Date _____ License Plate # _____ VIN # (last 4 digits) _____

Week of: _____ Next Oil Change: _____

Inspection Date	/	/	/	/	/	/	/							
Inspected By														
Odometer Reading														
CATEGORY	CONDITION													
	Sat.	Un.	Sat.	Un.	Sat.	Un.	Sat.	Un.	Sat.	Un.	Sat.	Un.	Sat.	Un.
Battery														
Motor Oil														
Engine														
Engine Coolant														
Transmission Fluid														
Exhaust System														
Transmission Fluid														
Hydraulic Fluid														
Hydraulic Oil Lines														
Roll Over protection														
First Aid Kit														
Horn Functional														
Mirrors														
Brakes														
Winshield Wipers														
Steering Wheel Play														
Seat Belts														
Seats														
Fuel														
Back-up Alarm														
Gauges														
Doors														
Safety Equipment														
Steps/ Handrails														
Fire Extinguisher														
Tire Air Pressure/Tire														
Tail Lights/ Headlights														
Exterior Body Condition														
Operation of Implementation														

Explain all items shown as unsatisfactory:

The report must be signed by the Department/Division Head/Supervisor. A COPY of completed form is to be routed to the Human Resources Department - Risk Management for record.

Report Approved by (Department/Division Head):

Printed Name: _____

Dept./Division: _____

Signed Name: _____