

# Weekly Cleaning \ Maintenance Check List

Home Name: \_\_\_\_\_

License #: \_\_\_\_\_

Month\Year: \_\_\_\_\_

Model: \_\_\_\_\_

## WEEK # 1

## WEEK # 2

Date: \_\_\_\_\_

Date: \_\_\_\_\_

- Clean interior of vehicle
- Clean interior & exterior glass surfaces
- Check turn signals & head lights
- Check dash & dome lights
- Check brake & power steering fluid
- Check mirrors
- Check tire pressure (with gauge)
- Check tire condition for wear
- Check windshield wipers & washer fluid
- Check flashlight
- Check first aid kit & risk kit
- Check emergency log

- Clean interior of vehicle
- Clean interior & exterior glass surfaces
- Check turn signals & head lights
- Check dash & dome lights
- Check brake & power steering fluid
- Check mirrors
- Check tire pressure (with gauge)
- Check tire condition for wear
- Check windshield wipers & washer fluid
- Check flashlight
- Check first aid kit & risk kit
- Check emergency log

Concerns:

Concerns:

**WEEK # 3**

Date: \_\_\_\_\_

- Clean interior of vehicle
- Clean interior & exterior glass surfaces
- Check turn signals & head lights
- Check dash & dome lights
- Check brake & power steering fluid
- Check mirrors
- Check tire pressure (with gauge)
- Check tire condition for wear
- Check windshield wipers & washer fluid
- Check flashlight
- Check first aid kit & risk kit
- Check emergency log

Concerns:

**WEEK # 4**

Date: \_\_\_\_\_

- Clean interior of vehicle
- Clean interior & exterior glass surfaces
- Check turn signals & head lights
- Check dash & dome lights
- Check brake & power steering fluid
- Check mirrors
- Check tire pressure (with gauge)
- Check tire condition for wear
- Check windshield wipers & washer fluid
- Check flashlight
- Check first aid kit & risk kit
- Check emergency log

Concerns:

# Monthly Vehicle Checklist

Home Name: \_\_\_\_\_  
 Month \ Year: \_\_\_\_\_  
 VIN: \_\_\_\_\_  
 License #: \_\_\_\_\_  
 Model: \_\_\_\_\_  
 Present Mileage: \_\_\_\_\_

Exterior Color: \_\_\_\_\_  
 Interior Color: \_\_\_\_\_  
 Seat Material: \_\_\_\_\_  
 Air Conditioner (Y\N) \_\_\_\_\_  
 Turtle Top Roof (Y\N) \_\_\_\_\_  
 Wheelchair Lift (Y\N) \_\_\_\_\_

ITEM	Completed	Problems
Clean interior		
Check turn signals		
Check dash & dome lights		
Check brake & power steering fluid		
Check mirror condition		
Check tire pressure (with gauge)		
Check tire condition for wear		
Check windshield wipers for wear		
Check windshield washer fluid		
Check horn		
Clean interior & exterior glass surfaces		
Check flashlight		
Check first aid kit		
Check risk kit		
Last oil change mileage		
Date of last tire rotation		
Date of last front end alignment		

ITEM	In Place	Problems
Current proof of insurance		
Current registration		
Updated consumer profiles		
Jumper cables		
Updated approved drivers list		
Vehicle mileage\gas\oil record		
Updated emergency procedures		
Accident report form		
LSSM Vehicle Policy Book		
Warranty information		
Oil change record		
Repair records		
Fire extinguisher		
Updated emergency phone list		
Hubcaps (4)		
Tire Jack		
Spare Tire		

Checked exterior for dents, scratches, chips, broken glass.	
Checked engine operation for noise	

Check tire alignment - Does van pull to one side when driving?	
Check fire extinguisher for charge - is initialed tag in place?	

**Needed Items or Repairs:**

**Comments:**

Staff Signature: \_\_\_\_\_

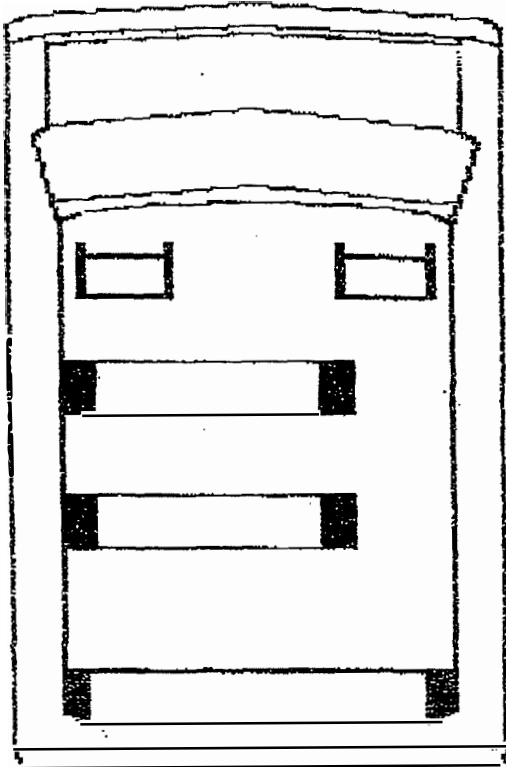
Date: \_\_\_\_\_

# Monthly Vehicle Checklist

## Interior Condition

Complete a visual inspection of the interior of the van. Use the following key to indicate damage or concerns: T = Torn; S = Soiled; D = Damaged.

Place the letter from the key on the pictures located below to indicate the location of the damaged area. Continue to mark all damage until it is repaired.



ITEM
1. Are all of the seats used in the van? a) If NO, where are they stored?
2. Does the van have a wheelchair lift? a) If YES, does lift operate correctly? b) If YES, how many tie-down sets are in place? c) If YES, do the tie-downs work correctly?
3. What is the date on the fire extinguisher tag?
4. Is the mileage log in place and up to date?
5. Is there evidence of smoking or eating in the van?

Date form completed: \_\_\_\_\_

Person's signature completing form: \_\_\_\_\_

Home Manager's Signature: \_\_\_\_\_

# Monthly Vehicle Checklist

## Exterior Condition

Complete a visual inspection of the exterior of the van. Use the following key to indicate damage or concerns: D = Dented; X = Scratched; S = Scraped; or C = Chipped.

Place the letter from the key on the pictures located below to indicate the location of the damaged area. Continue to mark all damage until it is repaired.

