**Vehicle Maintenance Log - LIC # \_\_\_\_\_\_\_\_\_\_\_\_\_\_** For Month of \_\_\_\_\_\_\_\_\_\_\_, 2011

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date | Daily | | Weekly | | | | | |
| Trash Removed | Gas Checked | Is First Aid kit  Complete | Exterior  Cleaned | Interior  Cleaned | Fresh Water | Check tire pressure | List any problems / new noises |
| 1 |  |  | Y N | These items are to be completed once per week - or more if needed! Initial and date each item when complete. | | | |  |
| 2 |  |  | Y N |  |
| 3 |  |  | Y N |  |
| 4 |  |  | Y N |  |
| 5 |  |  | Y N |  |
| 6 |  |  | Y N |  |  |  |  |  |
| 7 |  |  | Y N |  |  |  |  |  |
| 8 |  |  | Y N |  |  |  |  |  |
| 9 |  |  | Y N |  |  |  |  |  |
| 10 |  |  | Y N |  |  |  |  |  |
| 11 |  |  | Y N |  |  |  |  |  |
| 12 |  |  | Y N |  |  |  |  |  |
| 13 |  |  | Y N |  |  |  |  |  |
| 14 |  |  | Y N |  |  |  |  |  |
| 15 |  |  | Y N |  |  |  |  |  |
| 16 |  |  | Y N |  |  |  |  |  |
| 17 |  |  | Y N |  |  |  |  |  |
| 18 |  |  | Y N |  |  |  |  |  |
| 19 |  |  | Y N |  |  |  |  |  |
| 20 |  |  | Y N |  |  |  |  |  |
| 21 |  |  | Y N |  |  |  |  |  |
| 22 |  |  | Y N |  |  |  |  |  |
| 23 |  |  | Y N |  |  |  |  |  |
| 24 |  |  | Y N |  |  |  |  |  |
| 25 |  |  | Y N |  |  |  |  |  |
| 26 |  |  | Y N |  |  |  |  |  |
| 27 |  |  | Y N |  |  |  |  |  |
| 28 |  |  | Y N |  |  |  |  |  |
| 29 |  |  | Y N |  |  |  |  |  |
| 30 |  |  | Y N |  |  |  |  |  |
| 31 |  |  | Y N |  |  |  |  |  |

Date of last oil change: Mileage of last oil change:

Current Mileage:

\*Always be sure the insurance card, and registration in the vehicle is **CURRENT.**

**\*First aid kit is to include**: Band Aids, Gauze Pads, Adhesive Tape, Scissors, Anti-bacterial Soap,

Hand Sanitizer, Gloves, Thermometer, and a MANUAL!

Date Extinguisher Expires:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employee Signature**

***After signing off at the end of the month, turn this form in to the office!***

Instructions for form:

***Daily (THESE ARE NOT YES OR NO!)***

CHECK to SEE that ALL trash is REMOVED from vehicle - then initial

Be sure there is ENOUGH GAS for next run! If not, GET SOME while you are out! - then initial

**Is first aid kit complete?**

Circle Yes or NO!

If it is NOT complete - REPLACE what is missing! The required items are listed at the bottom of the form!

***Weekly (THESE ARE NOT YES OR NO!)***

This means that these things SHOULD BE DONE once per week!

When you COMPLETE each thing, INITIAL

FRESH WATER means replace the water in the jug! Yes - there should be a jug of water in the vehicle at ALL TIMES! A blanket too!

If there are new problems/noises, call Lysle (604-1115) and let him know!

Date of last oil change FILL IN THE DATE

If you do not know, there should be a little sticker in the upper left corner of the windshield that tells you. If there isn't one, ASSUME IT IS DUE FOR ONE and TAKE it to JIFFY LUBE - Then DOCUMENT THE DATE AND MILEAGE

Mileage of last oil change

SEE ABOVE

Current mileage

To be completed on the FIRST DAY OF THE MONTH ONLY

If this gets to be 3000 miles since the mileage of last oil change, then it is DUE FOR ANOTHER! Take it to Jiffy Lube - Then DOCUMENT the date and mileage!

Check the insurance card and registration! Be sure you HAVE ONE and that it is not EXPIRED! If it IS expired, send a fax to Teena with the Lic # and Year, Make and Model of the van She will fax you a copy!

Date Extinguisher Expires FILL IN THE DATE

If there is NO extinguisher in the vehicle - go to Walmart and GET ONE. All Extinguishers have to be checked once a year. If there is no date on yours, call Brazas (889-8999) and ask them if you can bring it in to have it tested…..then DO IT Get a price quote first! It may be cheaper to buy a new one.

***Employee Signature***

SIGN the form on the LAST day of the month, and turn the form in to the office!