

PREVENTIVE MAINTENANCE CHECKLIST

To be performed by mechanic and/or by driver weekly or monthly to keep vehicles healthy.



Fleet Owner Name		Fleet Owner Contact	
Vehicle Type		Vehicle Model and No.	
Date of Inspection		Next Inspection Date	

Engine Inspection					
Oil and Filter	Yes	No	Pressure test cooling system	Yes	No
Fuel Lines and Tank Cap	Yes	No	Check all hoses under pressure	Yes	No
Fuel filter	Yes	No	Check all belts and tens loners	Yes	No
Air filter	Yes	No	Check water pump and tan bearing	Yes	No
Spark Plugs	Yes	No	Check complete exhaust system	Yes	No
Distributor Cap and Rotor	Yes	No	Check for engine oil leaks	Yes	No
Any faults or repairs?					

Fluid Levels			Brakes and Safety		
Radiator	Yes	No	Brake Fluid Leaks	Yes	No
Brake	Yes	No	Check front pads and rotors	Yes	No
Steering	Yes	No	Check rear brakes and adjustment	Yes	No
Windshield Washer	Yes	No	Check parking brake operation	Yes	No
Battery Fluids	Yes	No	First aid kit, Toolkit and Flashlight	Yes	No
Distributor Cap and Rotor	Yes	No	Reflective triangles, Front/Back Lamps	Yes	No
Any faults or repairs?					

Chassis, Body, Tires, Driveability Checks					
Check steering play	Yes	No	Check ball joints	Yes	No
Check power steering hose	Yes	No	Check bell housing bolts	Yes	No
Check steering pitman arm, drag link and idler arm	Yes	No	Check transmission mounts	Yes	No
Check tie rod ends	Yes	No	Check u-joints and grease	Yes	No
Check front and back springs	Yes	No	Check carrier bearings	Yes	No
Check front and back shocks	Yes	No	Check slip joint and grease	Yes	No
Check wheels and axle seals	Yes	No	Check seats and seat belts	Yes	No
Body inspection	Yes	No	Check window glass and operation	Yes	No
Check mirrors, sport mirrors and brackets	Yes	No	Check accelerator and linkage	Yes	No
Check and lube all hinges, latches and locks	Yes	No	Check fuel tank and mounting	Yes	No
Check tire condition, rims, nuts and match	Yes	No	Wash vehicle	Yes	No
Any faults or repairs?					

Inspector Name, Signature and Comments	
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