

Transportation Service Preventative Maintenance Checklist

Date: _____

Vehicle ID: _____

Driver/Operator: _____

Checklist Items

- Engine Oil Level: _____
- Brake Fluid Level: _____
- Coolant Level: _____
- Battery Condition: _____
- Tire Pressure: _____
- Tire Tread Depth: _____
- Lights and Indicators: _____
- Wiper Blade Condition: _____
- First Aid Kit: _____
- Emergency Kit: _____

Additional Comments

Enter comments here...

Inspector Signature
