

UC MERCED
FACILITIES MANAGEMENT - FLEET SERVICES
MONTHLY VEHICLE / EQUIPMENT INSPECTION

Month: _____

Department: _____

Current Mileage: _____

Year/Make/Model: _____

Vehicle Number: _____

Next Service Date: _____

License Plate: _____

Next Service Mileage: _____

This completed form MUST be submitted to Transportation & Parking Services no later than the 10th of each month

If not turned in by the due date, the inspection will be completed by TAPS and your department will be recharged \$9.66

ITEMS IN THE GLOVE BOX

Vehicle Registration Accident Forms Disposable Camera (check expiration date)

***PLEASE MARK WITH: SATISFACTORY OR REPAIR (NOTE REMARKS ON REVERSE)

<input type="checkbox"/> General Appearance	<input type="checkbox"/> Interior Condition	<input type="checkbox"/> Wiper Fluid	<input type="checkbox"/> Headlights	<input type="checkbox"/> Racking
<input type="checkbox"/> Exterior Body	<input type="checkbox"/> Seat Belts	<input type="checkbox"/> Oil Level	<input type="checkbox"/> Tail Lights	<input type="checkbox"/> Tool Storage
<input type="checkbox"/> Glass/Windows	<input type="checkbox"/> Horn	<input type="checkbox"/> Coolant Level	<input type="checkbox"/> Brake Lights	<input type="checkbox"/> Spare Tire
<input type="checkbox"/> Wiper Blades	<input type="checkbox"/> Heater	<input type="checkbox"/> Transmission Fluid	<input type="checkbox"/> Turn Signals	<input type="checkbox"/> Tire Jack
<input type="checkbox"/> Mirrors	<input type="checkbox"/> Air Conditioner	<input type="checkbox"/> Power Steering Fluid	<input type="checkbox"/> Emergency Flashers	<input type="checkbox"/> Fire Extinguisher
<input type="checkbox"/> Doors	<input type="checkbox"/> Brakes	<input type="checkbox"/> Brake Fluid	<input type="checkbox"/> Oil Leaks	<input type="checkbox"/> Flares
<input type="checkbox"/> Tires	<input type="checkbox"/> Steering	<input type="checkbox"/> Battery Condition		<input type="checkbox"/> First Aid Kit
<input type="checkbox"/> Hood Latch	<input type="checkbox"/> Shocks	<input type="checkbox"/> Belt Condition		

OVERALL VEHICLE / EQUIP CONDITION

Excellent Good Fair Poor Do Not Operate

Inspected By: _____

Supervisor's Initials: _____

Signature: _____

Date of Report: _____