

**UC MERCED
FACILITIES MANAGEMENT - FLEET SERVICES
MONTHLY VEHICLE / EQUIPEMENT 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 the \$18.95 inspection fee.*

ITEMS IN THE GLOVE BOX

_____ Vehicle Registration _____ Accident Forms _____ Disposable Camera (check expiration date)

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

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

OVERALL VEHICLE / EQUIP CONDITION

___Excellent ___Good ___Fair ___Poor ___Do Not Operate

Inspected By: _____

Supervisor's Initials: _____

Signature: _____

Date of Report: _____