

UNIVERSITY OF MINNESOTA Fleet Vehicle Condition Report

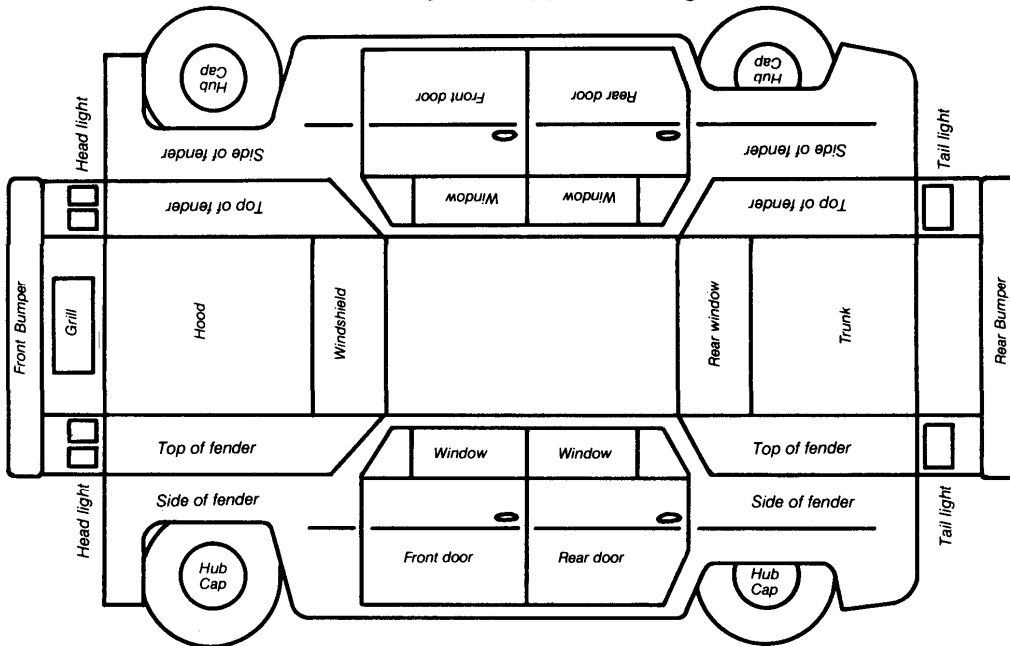
					Date	Mileage
University ID	License No.	Year	Make	Model	Serial No.	
Department		Account No.		Location		

Last oil/filter change date _____	Mileage _____	Note major maintenance and repair since last survey.
Is preventive maintenance on schedule? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is preventive maintenance being done today? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Job Order number if applicable _____		

Check all items **S**-Satisfactory or **U**-Unsatisfactory
Where vehicle needs attention, list under remarks on reverse side

GENERAL CONDITIONS		
S U <input type="checkbox"/> <input type="checkbox"/> Seats and shoulder belts <input type="checkbox"/> <input type="checkbox"/> Headlights (upper & lower beams) <input type="checkbox"/> <input type="checkbox"/> Taillights, stop & turn signals <input type="checkbox"/> <input type="checkbox"/> Instrument lights and gauges <input type="checkbox"/> <input type="checkbox"/> License plate light <input type="checkbox"/> <input type="checkbox"/> Air conditioning <input type="checkbox"/> <input type="checkbox"/> Accident reporting kit	S U <input type="checkbox"/> <input type="checkbox"/> Mirrors <input type="checkbox"/> <input type="checkbox"/> Horn <input type="checkbox"/> <input type="checkbox"/> Battery <input type="checkbox"/> <input type="checkbox"/> Hoses <input type="checkbox"/> <input type="checkbox"/> Belts <input type="checkbox"/> <input type="checkbox"/> Steering <input type="checkbox"/> <input type="checkbox"/> Air Cleaner	S U <input type="checkbox"/> <input type="checkbox"/> Engine running <input type="checkbox"/> <input type="checkbox"/> Engine oil level <input type="checkbox"/> <input type="checkbox"/> Transmission <input type="checkbox"/> <input type="checkbox"/> Transmission fluid level <input type="checkbox"/> <input type="checkbox"/> Radiator fluid & antifreeze <input type="checkbox"/> <input type="checkbox"/> Windshield wipers & fluid <input type="checkbox"/> <input type="checkbox"/> Brake operation <input type="checkbox"/> <input type="checkbox"/> Parking brake
TIRES		
<input type="checkbox"/> <input type="checkbox"/> Right front <input type="checkbox"/> <input type="checkbox"/> Left front	<input type="checkbox"/> <input type="checkbox"/> Right rear <input type="checkbox"/> <input type="checkbox"/> Left rear	<input type="checkbox"/> <input type="checkbox"/> Spare <input type="checkbox"/> <input type="checkbox"/> Snows
<input type="checkbox"/> <input type="checkbox"/> Engine oil leakage <input type="checkbox"/> <input type="checkbox"/> Transmission oil leakage <input type="checkbox"/> <input type="checkbox"/> Gas tank leakage, dented <input type="checkbox"/> <input type="checkbox"/> Shock absorber leakage, fastening	<input type="checkbox"/> <input type="checkbox"/> Springs <input type="checkbox"/> <input type="checkbox"/> Spring shackles <input type="checkbox"/> <input type="checkbox"/> Tail pipe <input type="checkbox"/> <input type="checkbox"/> Muffler leakage	<input type="checkbox"/> <input type="checkbox"/> Master cylinder leakage <input type="checkbox"/> <input type="checkbox"/> Brake hose leakage <input type="checkbox"/> <input type="checkbox"/> Frame damage <input type="checkbox"/> <input type="checkbox"/> Other _____

Indicate Damaged Area(s) and Missing Items



Fleet Vehicle Condition Report—side 2

Interior: _____

Remarks: _____

Inspected by _____ Date _____