

MONTHLY VAN CHECKLIST

- Van # _____ Home Name _____
- License Plate # _____ Exp. Date _____
- Inspection Sticker Yes___ No___ Exp. Date _____
- Last Maintenance Date _____
- Odometer reading _____
- Oil Change Due reading _____
- Tire pressure/tread Good_____ Bad_____
- First Aid Kit Exp. Date _____
- Blood Bourne Kit Exp. Date _____
- Fire Extinguisher Exp. Date _____
- Visual Check of outside: Lights _____

Brake Lights/ Turn Signals _____

Mirrors _____

Wiper Blades _____

Tires/Lugnuts _____

Cleanliness: Inside _____ Outside _____

Has vehicle been in an accident? Yes _____ No _____

If yes, what are the damages/results _____
