

MONTHLY VAN CHECKLIST

Date: _____

- Van # _____ Home: _____
- License Plate: _____ Exp. Date: _____
- Inspection Sticker Yes: _____ or No: _____ Exp. Date: _____
- Last Maintenance Date: _____
- Odometer reading: _____
- Oil Change Due reading: _____
- Tire pressure/tread: _____
- First Aid Kit Exp. Date: _____
- Blood Bourne Kit Exp. Date: _____
- Fire Extinguisher Exp. Date: _____
- Visual Check of outside: Lights _____

Brake Lights _____

Turn Signals: _____

Mirrors work: _____

Wiper Blades: _____

Tires/Lugnuts: _____

Cleanliness: Inside Clean: _____ Outside Clean: _____

Has vehicle been in an accident? Yes _____ No: _____

If yes, what are the damages/results _____
