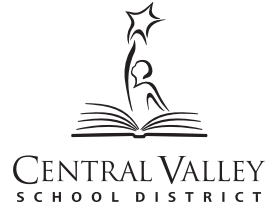


Weekly Vehicle Checklist



Operator Name: _____ Date: _____

Vehicle #: _____ Mileage: _____

GOOD	NEEDS ATTENTION	
<input type="checkbox"/>	<input type="checkbox"/>	OIL LEVEL , before starting engine
<input type="checkbox"/>	<input type="checkbox"/>	COOLANT LEVEL , when cold
<input type="checkbox"/>	<input type="checkbox"/>	VEHICLE INTERIOR , clean and orderly
<input type="checkbox"/>	<input type="checkbox"/>	VEHICLE EXTERIOR , clean
<input type="checkbox"/>	<input type="checkbox"/>	TIRES , inflated properly
<input type="checkbox"/>	<input type="checkbox"/>	FIRST AID KIT, FLARES, FIRE EXTINGUISHERS
<input type="checkbox"/>	<input type="checkbox"/>	LIGHTS , function properly
<input type="checkbox"/>	<input type="checkbox"/>	WINDSHIELD , clean and no impairments
<input type="checkbox"/>	<input type="checkbox"/>	HORN , functions properly
<input type="checkbox"/>	<input type="checkbox"/>	WINDSHIELD WIPERS , function properly
<input type="checkbox"/>	<input type="checkbox"/>	MIRRORS , clean and adjusted properly
<input type="checkbox"/>	<input type="checkbox"/>	INSTRUMENTS , function properly
<input type="checkbox"/>	<input type="checkbox"/>	BRAKES , function properly

Explain any items marked "needs attention"
