FLEET VEHICLE CHECK LIST

VEHICLE # __________
MILEAGE __________

____ Headlights (high and low beams)  _____ Windows (operable)
____ Tail Lights (running/brake/turn)  _____ Doors (secure)
____ Brakes  _____ Cleanliness (interior/exterior)
____ Tires (front/rear/spare)  _____ Crankcase Oil
____ Jack and Equipment  _____ Transmission Fluid
____ Windshield Wipers  _____ Power Steering/Brake
____ Windshield Washers  _____ Radiator/Anti-freeze
____ Defrosters  _____ Dome Light
____ Seatbelts (in place and operable)  _____ Test Drive
____ Heater  _____ Body damage

Checked by _______________________________  Date __________  Time __________

Driver or advisor agrees that he/she has read, understands and agrees to abide by the General Travel Policies while using an ONU owned, rented or leased vehicle.

Signature ______________________________

Print Name ______________________________