

CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO

5500 University Parkway, San Bernardino, CA 92407

Facilities Services: (909) 537-5166

MONTHLY INSPECTION CHECKLIST

Vehicle No: _____

Date: _____

Make: _____

Vehicle Type: Car Truck Van _____

Year: _____

Odometer Reading: _____

Model: _____

California License: **E** _____

Department: _____

Check all items that apply below:

ITEM CHECKED	OK	INOPERABLE	ACTION TAKEN
1. Headlights			
2. Turn Signals			
3. Right Front Tire			
4. Right Rear Tire			
5. Left Front Tire			
6. Left Rear Tire			
7. Spare Tire			
8. Brakes/Parking Brake			
9. Mirrors			
10. Heater/Defroster/Fan			
11. Brake Lights			
12. Tail Lights			
13. Jack and Tire Iron			
14. Horn			
15. Wiper Blades			
16. Windshield/Windows			
17. Emergency Flashers			
18. Check Radiator			
19. Check Oil Level			
20. Check Battery			
21. Standard Form 269 (Accident Identification Form)			
22. Seat Belts			
23. Transmission Fluid			
24. Windshield Wipers			

CHECKED BY: _____

REMARKS: _____

Report any discrepancies or vehicle damage and anything that you consider hazardous or unsafe immediately (prior to vehicle usage) to your supervisor.