

FSU VEHICLE MANAGEMENT PROGRAM

6 MONTH PREVENTIVE MAINTENANCE INSPECTION

Vehicle Year: _____ Make: _____ Model: _____ Mileage: _____
 License Plate #: _____ FSU Asset Tag #: _____
 FSU Asset ID #: _____ FSU Property Custodian: _____

| Instructions: Write Initial in Appropriate Boxes Below | | | | |
|--|--|----------------|---------------------|-----------------------|
| TASKS TO BE PERFORMED | Description | Inspected Okay | Repaired & Adjusted | Comments & Parts List |
| 1. Brakes | Inspect Brakes, Clutch, and Gas Pedals for Proper Function | | | |
| 2. Engine | Check Engine Belts, Hoses, Brackets, And Mounts | | | |
| 3. Filters | Inspect All Filter in Vehicle | | | |
| 4. Fluids | Check All Fluids in Vehicle and Top Off When Necessary | | | |
| 5. Instruments | Check All Gauges, Indicators, Controls, and Warning Devices | | | |
| 6. Lights | Inspect All Lights, Signals, and Horns | | | |
| 7. Seat Belts | Test Seat Belts Functionality | | | |
| 8. Steering | Check Steering and Suspension | | | |
| 9. Tires | Check Tread and Pressure (including spare) as well as Jack, Lug Wrench, and Rims | | | |
| 10. Wipers | Check Blades, Arms, and Linkage for Serviceability | | | |

The above inspection has been completed by a certified mechanic and by signing below indicates that he/she has personally inspected the above vehicle and have found it to be in the condition listed above.

Mechanic Name (print): _____ Mechanic Signature: _____ Date: _____
 Vendor Name: _____ Phone: _____