



**FSU Vehicle Management Program
6 MONTH PREVENTATIVE MAINTENANCE INSPECTION**

VEHICLE YEAR:	MAKE:	MODEL:	Mileage: _____
LICENSE PLATE:		FSU PROPERTY TAG #:	
FSU ASSET ID#:		FSU PROPERTY CUSTODIAN:	

Instructions: Write and initial in appropriate boxes below

TASKS TO BE PERFORMED	DESCRIPTION	INSPECTED OKAY	REPAIRED & ADJUSTED	COMMENTS AND 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 filters 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			

Only items not checked "Inspected Okay" are required to be repaired/adjusted as part of the FSU Vehicle Management Program.

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: _____	
Vendor Name: _____	Phone: _____	Date: _____