CEO Monthly Vehicle Maintenance Checklist

Vehicle Year/Make/Model: _____   License Plate #: _____

Checked By: _____   Date: _____

Current Odometer Reading: _____   Total Miles Driven*: _____

Date of Last Oil Change: _____   Mileage of Last Oil Change: _____

Mileage of Last Tire Rotation: _____

If the vehicle has not been driven within 2 weeks of the date the monthly vehicle inspection is conducted, please start the vehicle and allow it to run for 10-15 minutes while conducting the check.

Exterior: If an item is not ok, do not check the box and explain it in the note section below.

☐ Clean
☐ No new dings or scratches (please note anything new in the comments section below)
☐ Tires are properly inflated
☐ NYS Registration sticker is current
☐ NYS Inspection sticker is current
☐ Check engine and ground for leaks'
☐ Check the windows/windshields for cracks
☐ Check condition of wipers

Check the following for function:
☐ Headlights
☐ Taillights
☐ Brake lights
☐ Turn signals
☐ Hazard lights

Interior: If an item is not ok or missing, do not check the box and explain it in the note section below.

☐ Clean
☐ No trash in vehicle
☐ Gas is at a ½ tank or more
☐ No dashboard indicator lights are on

Check the following for function:
☐ Heat and air conditioning
☐ Door locks
☐ Radio
☐ Horn

Check the glove box for:
☐ Copy of NYS Registration (only current one)
☐ Insurance ID card (only current one)

Check the car/trunk for:
☐ First Aid Kit
☐ Snow brush

Notes on Checklist above:

_____   _____
Employee Signature   Date