



CEO Monthly Vehicle Maintenance Checklist

Vehicle Year/Make/Model: _____

License Plate #: _____

Checked By: _____

Date: _____

Current Odometer Reading: _____

Total Miles Driven for the month: * _____

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:

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Employee Signature

Date