

The Arc of Prince George's County Monthly Vehicle Maintenance Check

Site Manager: _____

House: _____ Date completed: _____

Exterior:

- | | Yes | No | If Yes, Explain |
|--|--------------------------|--------------------------|--------------------------|
| 1. Are there any paint scratches on the exterior? | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| 2. Are there any dents/damage to the exterior? | <input type="checkbox"/> | <input type="checkbox"/> | If Yes, Explain
_____ |
| 3. Are the tires sufficiently inflated?
*If not, contact the office immediately | <input type="checkbox"/> | <input type="checkbox"/> | If No, Explain
_____ |
| 4. Do you notice anything leaking from the underside of the vehicle? | <input type="checkbox"/> | <input type="checkbox"/> | If Yes, Explain
_____ |
| 4. Is the car missing anything (nubcap, plate)? | <input type="checkbox"/> | <input type="checkbox"/> | If Yes, Explain
_____ |
| 5. Is the glass without breaks or nicks? | <input type="checkbox"/> | <input type="checkbox"/> | If Yes, Explain
_____ |
| 6. Is the exterior clean?
*please wash agency vehicles 1-2 times a month and more often if necessary. | <input type="checkbox"/> | <input type="checkbox"/> | If No, Explain
_____ |

Interior and Operations:

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 1. Does the vehicle make any unusual sounds when it is started or running? | <input type="checkbox"/> | <input type="checkbox"/> | If Yes, Explain
_____ |
| 2. Do you notice any unusual smell coming from the vehicle? | <input type="checkbox"/> | <input type="checkbox"/> | If Yes, Explain
_____ |
| 3. Are any warning lights on or flickering during vehicle operation?
* If oil or check engine light is on, contact the office immediately. | <input type="checkbox"/> | <input type="checkbox"/> | If Yes, Explain
_____ |
| 4. Do brakes seem to work properly?
* If not, contact the office immediately. | <input type="checkbox"/> | <input type="checkbox"/> | If No, Explain
_____ |
| 5. Is the interior of the vehicle kept neat and clean?
*please clean agency vehicles 1-2 times a month and more often if necessary. | <input type="checkbox"/> | <input type="checkbox"/> | If No, Explain
_____ |