# Environmental Health and Safety
# Monthly Vehicle Maintenance Checklist

Date _____ Vehicle _____ Checked by:_____

Mileage _____ License No._____

Dates of Last: Oil Change _____ Oil Filter Change _____

Air Filter _____ Engine Tune-up _____

| Item | OK | Not OK | Remarks |
|---|---|---|---|
| Safety Belts | | | |
| Brakes/Steering | | | |
| Engine | | | |
| Transmission | | | |
| Heater/Air Conditioner | | | |
| Wipers | | | |
| Headlights: High/Low Beam | | | |
| Turn Signals | | | |
| Break Lights/Tail Lights | | | |
| Doors | | | |
| Windows/Windshield | | | |
| Radio | | | |
| Horn | | | |
| Tires: Tread, Inflation | | | |
| Lug Wrench/Jack | | | |
| Fire Extinguisher | | | |
| First Aid Kit | | | |
| Accident Information Packet in Glove Box | | | |
| Liquids Level Check: | | | |
| Radiator | | | |
| Oil | | | |
| Transmission Fluid | | | |
| Power Steering Fluid | | | |
| Brake Fluid | | | |
| Window Washer Fluid | | | |