(School District)
Maintenance Department
Daily Work Sheet/Vehicle Inspection

Date: _____
Employee: _____
Vehicle #: _____
Ending Mileage _____
Beginning Mileage: _____

Daily Check		Weekly Check	
Head Lights	_____	Engine Oil	_____
Tail Lights	_____	Trans Fluid	_____
Back-up Lights	_____	Brake Fluid	_____
Directionals	_____	Steering Fluid	_____
Tires	_____	Washer Fluid	_____
		Battery	_____

General Condition: _____

Arrived	Departed	Building/Location	Assignment/Work Performed	Work Order #