Customer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Unit #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_PM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last PM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Mechanic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Next PM Due On: \_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
|  | Instructions: Write Initial in Appropriate Boxes Below |
| TASKS TO BE PERFORMED | InspectedOkay | Repaired &Adjusted | Greased &Lubed | Comments &Parts List |
| A. Engine |
| 1. Change oil and filter  |  |  |  |  |
| 2. Change fuel lines and tank cap |  |  |  |  |
| 3. Check fuel filter (25,000 mil) |  |  |  |  |
| 4. Check air filter if needed |  |  |  |  |
| 5. Check spark plugs |  |  |  |  |
| 6. Check distributor cap & rotor |  |  |  |  |
| 7. Pressure test cooling system |  |  |  |  |
| 8. Check all hoses under pressure |  |  |  |  |
| 9. Check all belts & tens loners |  |  |  |  |
| 10. Check water pump and fan bearing |  |  |  |  |
| 11. Check complete exhaust system |  |  |  |  |
| 12. Check for engine oil leaks |  |  |  |  |
| B. Under The Hood Fluid Levels |
| 1. Radiator- note strength |  |  |  |  |
| 2. Brake |  |  |  |  |
| 3. Steering |  |  |  |  |
| 4. Windshield washer |  |  |  |  |
| 5. Automatic transmission |  |  |  |  |
| 6. Rear end fluid |  |  |  |  |
| 7. Check AC Freon level (blows cold) |  |  |  |  |
| C. Chassis |
| TASKS TO BE PERFORMED | InspectedOkay | Repaired &Adjusted | Greased &Lubed | Comments &Parts List |
| 1. Check steering play |  |  |  |  |
| 2. Check power steering hose |  |  |  |  |
| 3. Check steering pitman arm, drag link & idler arm |  |  |  |  |
| 4. Check tie rod ends |  |  |  |  |
| 5. Check front springs |  |  |  |  |
| 6. Check front shocks |  |  |  |  |
| 7. Check ball joints |  |  |  |  |
| 8. Check rear springs |  |  |  |  |
| 9. Check rear shocks |  |  |  |  |
| 10. Check bell housing bolts |  |  |  |  |
| 11. Check transmission mounts |  |  |  |  |
| 12. Check U-joints & grease |  |  |  |  |
| 13. Check carrier bearings |  |  |  |  |
| 14. Check slip joint & grease |  |  |  |  |
| 15. Check wheels and axle seals |  |  |  |  |
| E. Brakes |
| 1. Check for fluid leaks |  |  |  |  |
| 2. Check front pads & rotors |  |  |  |  |
| 3. Check rear brakes & adjustment |  |  |  |  |
| 4. Check parking brake operation |  |  |  |  |

|  |
| --- |
| **F. Wheelchair Lift & ADA** |
| TASKS TO BE PERFORMED | InspectedOkay | Repaired &Adjusted | Greased &Lubed | Comments &Parts List |
| 1. Check wheelchair lift & operation |  |  |  |  |
| 2. Check chair lift fluid level |  |  |  |  |
| 3. Check chair lift control card |  |  |  |  |
| 4. Check wheelchair tie downs & straps |  |  |  |  |
| 5. Check seats & seat belts |  |  |  |  |
| F. Drivability Checks |
| 1. Check window glass and operation |  |  |  |  |
| 2. Check emergency exits |  |  |  |  |
| 3. Check mirrors, sport mirrors & brackets |  |  |  |  |
| 4. Check wiper blades |  |  |  |  |
| 5. Check if washer fluid sprays |  |  |  |  |
| 6. Check heater & AC fans |  |  |  |  |
| 7. Check heater, AC & defrost controls |  |  |  |  |
| 8. Check accelerator & linkage |  |  |  |  |
| 9. Check & lube all hinges, latches & locks |  |  |  |  |
| 10. Check & lube passenger doors |  |  |  |  |
| 11. Check fuel tank & mounting |  |  |  |  |
| 12. Check tire condition & match |  |  |  |  |
| 13. Check tire rims & lug nuts |  |  |  |  |
| 14. Check tire inflation |  |  |  |  |
| 15. Check mud flaps |  |  |  |  |

|  |
| --- |
| G. Safety / Emergency Items |
| TASKS TO BE PERFORMED | InspectedOkay | Repaired &Adjusted | Greased &Lubed | Comments &Parts List |
| 1. Fire extinguisher |  |  |  |  |
| 2. First aid kit |  |  |  |  |
| 3. Operating flashlight |  |  |  |  |
| 4. Reflective triangles |  |  |  |  |
| 5. Ice scraper (season applicable) |  |  |  |  |
| 6. Blanket |  |  |  |  |
| 7. Toolkit |  |  |  |  |
| H. Wrap-Up |
| 1. Check for leaks |  |  |  |  |
| 2. Recheck oil level |  |  |  |  |
| 3. Wash engine & chassis if applicable |  |  |  |  |
| 4. Install next PM due mileage in pocket |  |  |  |  |
| 5. Note any other repairs needed |  |  |  |  |