

TYPE IN YOUR AGENCY NAME HERE

VEHICLE PREVENTIVE MAINTENANCE LOG FOR YEAR: _____

Vehicle Identification No. (VIN):	License No:	Agency Vehicle #	Year:	Make & Model:	Category Type:	Beginning Mileage:	Date Placed in Service:	# of Seats:	# ADA Stations:	Disposal Date:

Scheduled PM Service Task	Established Service Interval	Actual Miles/Cycles at Service	Date Service Completed	By: (Ini- tials)	Next Svc Due (Miles,Cycle or Date)	Actual Miles/Cycles at Service	Date Service Completed	By: (Ini- tials)	Next Svc Due (Miles,Cycle or Date)	Actual Miles/Cycles at Service	Date Service Completed	By: (Ini- tials)	Next Svc Due (Miles,Cycle or Date)
Oil Change / Filter / Lube													
Standard PM Inspection													
Tire Rotation													
Diagnostic & Tune-Up													
Service Brakes													
Replace Belts													
Tire Replacement													
Battery Replacement													
Annual Certified Safety Inspection													
ADA Wheelchair Lift Service (list)													
List Other Manufacturer Recommended Service:													

Standard PM Inspection includes: (List tasks):

Standard Diagnostic & Tune-Up includes: (List tasks):