

**APPENDIX C-1
VEHICLE MAINTENANCE & SERVICE LOG - Page 2**

<i>Items Serviced</i>	<i>1Q Date</i>	<i>2Q Date</i>	<i>3Q Date</i>	<i>4Q Date</i>
Oil Filters	_____	_____	_____	_____
Fuel Filters	_____	_____	_____	_____
Air filter Last Changed	_____	_____	_____	_____
Fan shroud	_____	_____	_____	_____
Fan belts	_____	_____	_____	_____
Alternator Belts	_____	_____	_____	_____
Motor mounts	_____	_____	_____	_____
Grease entire vehicle	_____	_____	_____	_____
Check for broken springs	_____	_____	_____	_____
Check all lights	_____	_____	_____	_____
Grease PTO shaft	_____	_____	_____	_____
Batteries checked	_____	_____	_____	_____
Cables checked	_____	_____	_____	_____
Radiator and heat hoses	_____	_____	_____	_____
Starter	_____	_____	_____	_____
U-Joints	_____	_____	_____	_____
Grease in rear ends. Last changed	_____	_____	_____	_____
Grease in trans. Last changed	_____	_____	_____	_____
Steering gear box	_____	_____	_____	_____
Shift lever box	_____	_____	_____	_____
Tire inflation	_____	_____	_____	_____
Throw out bearing	_____	_____	_____	_____
Check wheels for loose lug nuts	_____	_____	_____	_____
Check king pins and bearing looseness	_____	_____	_____	_____
Check tires for cuts	_____	_____	_____	_____
Check clutch free play	_____	_____	_____	_____
Check brake adjustment	_____	_____	_____	_____
Water filter changed	_____	_____	_____	_____
Antifreeze in radiator	_____	_____	_____	_____
Check safety triangles and flares	_____	_____	_____	_____
Fire extinguisher	_____	_____	_____	_____
First aid Kit	_____	_____	_____	_____
Body waste kit	_____	_____	_____	_____
Other	_____	_____	_____	_____

RETAIN THIS FORM ON FILE FOR THE DURATION OF OWNERSHIP OF THIS VEHICLE

APPENDIX C-2 ANNUAL VEHICLE INSPECTION

Vehicle: _____
Year
Make
Model

Vehicle Identification Number: _____

Tires:	<u>Good tread</u>	<u>Poor tread</u>	<u>Uneven wear</u>	<u>Sidewall damage</u>	<u>Other damage</u>
Left front	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Right front	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Right rear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Left rear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Spare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Windshield: (Driver Side)

Use these symbols to describe damage

_____ scratch		<input type="checkbox"/> No damage to windshield
XXXXXX crack		
+ chip		
..... sand blast		

Mechanical:	<input type="checkbox"/> Smooth	<input type="checkbox"/> Rough	<input type="checkbox"/> Burns Oil	<u>Other</u>
Engine	<input type="checkbox"/> Smooth	<input type="checkbox"/> Slips	<input type="checkbox"/> Leaks Oil	_____
Transmission	<input type="checkbox"/> Quiet	<input type="checkbox"/> Noisy	<input type="checkbox"/> Pulls to side	_____
Brakes	<input type="checkbox"/> Smooth	<input type="checkbox"/> Unbalanced	<input type="checkbox"/> Pulls to side	_____
Front end & Steering	<input type="checkbox"/> OK			_____
Other (radiator, A/C, muffler etc.)				_____

Metal and Paint:	<u>No damage</u>	<u>Dented</u>	<u>Rusted</u>	<u>Chipped</u>	<u>Scratched</u>	<u>Other</u>
Top of vehicle	<input type="checkbox"/>	_____				
Engine hood	<input type="checkbox"/>	_____				
Grille	<input type="checkbox"/>	_____				
Front Bumper	<input type="checkbox"/>	_____				
Left front fender	<input type="checkbox"/>	_____				
LF door and rocker panel	<input type="checkbox"/>	_____				
LR door and rocker panel	<input type="checkbox"/>	_____				
Left rear fender	<input type="checkbox"/>	_____				
Truck deck	<input type="checkbox"/>	_____				
Rear bumper	<input type="checkbox"/>	_____				
Right rear fender	<input type="checkbox"/>	_____				
RR door and rocker panel	<input type="checkbox"/>	_____				
RF door and rocker panel	<input type="checkbox"/>	_____				
Right front fender	<input type="checkbox"/>	_____				

Interior:	<u>No damage</u>	<u>Soiled</u>	<u>Torn</u>	<u>Worn</u>	<u>Other</u>
Seats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Headline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Front floor mats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Rear floor mats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

If additional space is needed, please use the reverse side.

Inspected by: _____ Date: _____

