

Monthly Inspection Form

Date: _____ Vehicle Reg. No. _____

Vehicle Condition and Maintenance

Monthly Checklist:	Checked	Comments
Tyre tread		
Wheel rims		
Spare wheel		
Wheel brace & jack		
Tool kit		
Medical kit		
Wiper blades & washers		
Front lights		
Brake fluid levels		
Oil level		
Water level		
Clean/tidy condition		

Mileage/Fuel

Speedometer Reading		Monthly Mileage	Monthly Fuel Use (Litres)	Consumption Rate (MPL)	Total Mileage
Start of Month	End of Month				

Servicing Details/ Repairs

Date	Speedometer Reading	Brief Details/Cost	Name of Garage

Condition of vehicle - detail all damage (include diagram if necessary)

Any other comments:

Driver's signature _____ Date _____

Owner/Manager's signature _____ Date _____