

**DUKE UNIVERSITY SANITATION VEHICLES ONLY
DAILY CHECK LIST**

VEHICLE _____ MONDAY MILEAGE _____
 LOCATION _____ DATE _____ TO _____ VEHICLE # _____

The following items shall be performed daily by the operator before moving the vehicle from the storage location. Check each item when inspected. (3 if Satisfactory, X if Unsatisfactory, O if Not Applicable.) Explain unsatisfactory conditions under remarks and take necessary steps to get trouble corrected. After repairs have been completed, forms are to be turned in and filed for future reference in the official vehicle maintenance record file.

	M	T	W	T	F	SA	SU
1. Tires - Front & Rear - Seat Belts							
2. Lights & Turn Signals - Front, Rear & Back-up							
3. Horn & Back-up Alarm - Rear View Mirrors							
4. Steering - (Power Steering)							
5. Oil Pressure - Engine Oil Level							
6. Air Pressure (Sanitation Vehicles)							
7. Air Pressure Alarm (Sanitation Vehicles)							
8. Oil Leaks							
9. Cooling System (Water - Hoses - Anti-freeze)							
10. Windshield & Windshield Wipers - Rear & Side Glass							
11. All Dash Gauges - Warning Lights (Sanitation Vehicles)							
12. Brakes - Foot							
13. Brakes - Hand							
14. Fire Extinguisher							
15. First-Aid Kit							
16. Hydraulic Connectors & Hoses (Sanitation Vehicles)							
17. Lift Arms Operations							
18. Battery							
19. North Carolina Inspection Decal							

INSPECTED BY: _____ APPROVED BY: _____

REMARKS: (Use Back if Necessary) _____

REPAIRS: _____ DATE REPAIRS _____ APPROVED _____
 DATE GARAGE NOTIFIED: _____ BY: _____ COMPLETED: _____ BY: _____

CAUTION: If equipment trouble is experienced during, operation, do not use vehicle until trouble is located and corrected.

Sanitation Vehicle Lift Arms are to be operated to see that they are properly working before vehicle leaves storage areas.

All repairs indicating the date of repairs are to be put on the back of this form with the name of the mechanic(s) performing the repairs.