

**SJSU – Administrative and Finance Division
Facilities Development and Operations
Facilities Management
4000 MILE / SIX MONTH VEHICLE SAFETY
INSPECTON/SERVICE**

Date _____ License Number _____ Vehicle Number _____

Make _____ Model _____ Year _____

Odometer Reading _____ Department _____

Serviced By _____

- | | |
|---|---|
| <input type="checkbox"/> Change Oil | <input type="checkbox"/> Change Oil Filter |
| <input type="checkbox"/> Check Air Cleaner
<input type="checkbox"/> Change | <input type="checkbox"/> Lubricate Chassis |
| <input type="checkbox"/> Check Differential | <input type="checkbox"/> Check Battery |
| <input type="checkbox"/> Check Steering Gear | <input type="checkbox"/> Check Master Cylinder Fluid |
| <input type="checkbox"/> Check Transmission Fluid | <input type="checkbox"/> Check Radiator Fluid
<input type="checkbox"/> Check Cooling Systems
<input type="checkbox"/> Preform Pressure Test |
| <input type="checkbox"/> Rotate & balance tires | <input type="checkbox"/> Check Tire
<input type="checkbox"/> Inflation/Pressure
<input type="checkbox"/> condition/wear |
| <input type="checkbox"/> Check License Plate Frames | |

Glovebox Materials Checklist (all items must be present):

Notes:

