

Facilities Development and Operations
WEEKLY OPERATOR CHECKLIST
(for vehicles assigned to a responsible individual)

Date _____ License Number _____ Vehicle Number _____
Make _____ Model _____ Year _____
Odometer Reading _____ Department _____ Driver _____

Check Items Needing Attention

Engine:

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Overheating | <input type="checkbox"/> No power |
| <input type="checkbox"/> Oil Leaking | <input type="checkbox"/> Oil pressure loss |
| <input type="checkbox"/> Knocks | <input type="checkbox"/> Noisy |
| <input type="checkbox"/> Oil level | <input type="checkbox"/> Coolent level |

Clutch:

- | | |
|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Poor release | <input type="checkbox"/> Grabs |
| <input type="checkbox"/> Slips | <input type="checkbox"/> Chatters |

Transmission:

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Noisy | <input type="checkbox"/> Hard shifting |
| <input type="checkbox"/> Oil leakage | <input type="checkbox"/> Slips during shifts (automatic) |

Steering and Front Axle:

- | | |
|--|---|
| <input type="checkbox"/> Shimmy-wander | <input type="checkbox"/> Hard steering |
| <input type="checkbox"/> Free play | <input type="checkbox"/> Alignment |
| <input type="checkbox"/> Wheel balance | <input type="checkbox"/> Uneven tire wear |

Rear Axle:

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Noisy (at what speed) | <input type="checkbox"/> Oil leakage |
|--|--------------------------------------|

Electrical:

- | | |
|---|---|
| <input type="checkbox"/> Headlights | <input type="checkbox"/> Tail lights |
| <input type="checkbox"/> Turn signals | <input type="checkbox"/> Brake lights |
| <input type="checkbox"/> Battery | <input type="checkbox"/> Horn |
| <input type="checkbox"/> Starter | <input type="checkbox"/> Emergency flashers |
| <input type="checkbox"/> Reverse Beeper | |

Cooling:

- | | |
|---|---|
| <input type="checkbox"/> Overheating | <input type="checkbox"/> Radiator Leaks |
| <input type="checkbox"/> Water pump leaks | <input type="checkbox"/> Hoses leak |

Fuel and Exhaust:

- | | |
|---|---|
| <input type="checkbox"/> Muffler and exhaust pipe | <input type="checkbox"/> Fuel pump and carburetor |
|---|---|

Brakes:

- | | |
|---------------------------------------|-------------------------------|
| <input type="checkbox"/> Pedal travel | <input type="checkbox"/> Pull |
|---------------------------------------|-------------------------------|

Tires:

- | | |
|--|--|
| <input type="checkbox"/> Condition (Tread Wear/Damage) | <input type="checkbox"/> Air Pressure (Low/Flat) |
|--|--|

Driver's notes: _____

Work performed : _____

Mechanic Signature: _____

submit to: FD&O Auto Shop 0010