

Mechanic's Checklist

Date:	Location:	
Make:	Model:	Year:
Vehicle Number:	Mileage:	

Change the Following:	
Engine Oil	<input type="checkbox"/>
Engine Oil Filters	<input type="checkbox"/>
Engine Fuel Filters	<input type="checkbox"/>
Engine Air Filters	<input type="checkbox"/>
Cab Air Intake	<input type="checkbox"/>

Item to be Checked	Pass	Fail		Pass	Fail
Headlights/Taillights	<input type="checkbox"/>	<input type="checkbox"/>	Fuel System	<input type="checkbox"/>	<input type="checkbox"/>
Turn Signals	<input type="checkbox"/>	<input type="checkbox"/>	Differential Oil Levels	<input type="checkbox"/>	<input type="checkbox"/>
Reflectors	<input type="checkbox"/>	<input type="checkbox"/>	Water Level	<input type="checkbox"/>	<input type="checkbox"/>
Tires Pressure/Threads	<input type="checkbox"/>	<input type="checkbox"/>	Transmission Oil Levels	<input type="checkbox"/>	<input type="checkbox"/>
Wheel Bearings	<input type="checkbox"/>	<input type="checkbox"/>	Engine Belts	<input type="checkbox"/>	<input type="checkbox"/>
Battery	<input type="checkbox"/>	<input type="checkbox"/>	Front Wheel Bearing	<input type="checkbox"/>	<input type="checkbox"/>
U Joints & Carrier Bearings	<input type="checkbox"/>	<input type="checkbox"/>	Steering	<input type="checkbox"/>	<input type="checkbox"/>
Radiator & Hoses	<input type="checkbox"/>	<input type="checkbox"/>	Heater/Defroster	<input type="checkbox"/>	<input type="checkbox"/>
Suspension	<input type="checkbox"/>	<input type="checkbox"/>	Brake Linings	<input type="checkbox"/>	<input type="checkbox"/>
Instruments – Gauges	<input type="checkbox"/>	<input type="checkbox"/>	Brake Drums	<input type="checkbox"/>	<input type="checkbox"/>
Horn	<input type="checkbox"/>	<input type="checkbox"/>	Exhaust System	<input type="checkbox"/>	<input type="checkbox"/>
Windshield Washer Fluids	<input type="checkbox"/>	<input type="checkbox"/>	Mirrors	<input type="checkbox"/>	<input type="checkbox"/>
Windshield Wipers	<input type="checkbox"/>	<input type="checkbox"/>	Safety Equipment	<input type="checkbox"/>	<input type="checkbox"/>
Speedometer	<input type="checkbox"/>	<input type="checkbox"/>			

Mechanic's Report:

Mechanic: _____ Date: _____