

Weekly Utility Cart Condition Report

Name _____ Department _____

Date _____ Vehicle No. _____ Mileage _____

Items Checked	OK	Defective	Remarks	Date Reported
1. Fuel				
2. Oil				
3. Battery				
4. Coolant				
5. Transmission Fluid				
6. Belts and Hoses				
7. Lights				
8. Brakes (Foot)				
9. Brakes (Hand)				
10. Mirrors				
11. Windows				
12. Windshield Wipers				
13. Horn				
14. Heater				
15. Tires				
16. Clean: Inside				
17. Clean: Outside				
18. Body Condition				
19. General Operation				

This report should be completed on the first day of each work week and turned in to your supervisor. The supervisor shall retain copies of this document for three years.

PLEASE REPORT ALL SERIOUS DEFECTS TO YOUR SUPERVISOR IMMEDIATELY.