



# PMY PREVENTIVE MAINTENANCE

Yearly

Light Trucks (1 ton and under) and Cars



## SAFETY FIRST-USE PERSONAL PROTECTIVE EQUIPMENT

VEHICLE	W/O	DATE	MID#
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|--------------------------|--|
| <input type="checkbox"/> | REPLACE FUEL FILTER                                  |
| <input type="checkbox"/> | CHECK OIL LEVEL                                      |
| <input type="checkbox"/> | INSPECT AIR FILTER: REPLACE IF NEEDED                |
| <input type="checkbox"/> | CHECK ALL LIGHTS FOR PROPER OPERATION                |
| <input type="checkbox"/> | INSPECT ALL FRONT END COMPONENTS                     |
| <input type="checkbox"/> | CHECK DIFF FLUID                                     |
| <input type="checkbox"/> | CHECK TRANS FLUID                                    |
| <input type="checkbox"/> | CHECK POWER STEERING FLUID                           |
| <input type="checkbox"/> | CHECK DRIVE LINES, U JOINTS, CARRIER BEARING         |
| <input type="checkbox"/> | CLEAN DIFF BREATHERS                                 |
| <input type="checkbox"/> | INSPECT BRAKE LININGS AND PAD WEAR                   |
| <input type="checkbox"/> | INSPECT ALL BRAKE COMPONENTS                         |
| <input type="checkbox"/> | COOLANT TEST (freeze point)                          |
| <input type="checkbox"/> | INSPECT ALL BELTS AND HOSES                          |
| <input type="checkbox"/> | CHECK TIRE PRESSURES, CONDITION; ROTATE IF NECESSARY |
| <input type="checkbox"/> | GLASS CHECK & WIPER OPERATION                        |
| <input type="checkbox"/> | CHECK BATTERY CONNECTIONS; CLEAN AND TIGHTEN         |
| <input type="checkbox"/> | CHECK ALL GAUGES AND INSTRUMENT PANEL                |
| <input type="checkbox"/> | INSPECT FOR BODY DAMAGE AND REPORT FINDINGS          |
| <input type="checkbox"/> | VERIFIED VIN AND MILEAGE                             |

WORK PERFORMED BY \_\_\_\_\_