

Monthly Service Vehicle Check List



Date: _____

Plate: _____

Odometer: _____

#	Item	Yes	No
1	Does the vehicle inspection expire this month *If yes enter inspection appointment Date		
2	Does the vehicle registration expire this month *if yes notify Office Administration		
3	Does the vehicle insurance expire this month *if yes notify Office Administration		
4	Do you have the correct tires on your vehicle *November to April WINTER TIRES *May to October ALL SEASONS * If no enter the appointment Date		
5	Are your tires down to the wear bars *If yes enter the appointment date		
6	Is your wind shield free of cracks *If no enter the appointment date		

For Tires call Tim MacDonald @ 506-381-6310

For Windshields call James Wasson @ 506-856-9709

Driver Name: _____

Driver Signature _____

Entering false information into this log or not acting on the results of the findings will result in disciplinary action.	ADV-OHS-0007
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