



Date \_\_\_\_\_

## Preventive Maintenance Checklist

INITIAL=OK NA=NOT APPLICABLE \*=NEEDS WORK

Vehicle # \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Current Mileage/Hours \_\_\_\_\_

PM001	Change engine oil and filter
PM002	Check lights; lenses; reflectors for damage
PM003	Check and fill power steering fluid
PM004	Check and fill transmission/transfer case (4WD) fluid
PM005	Check and fill windshield washer fluid, check blades
PM006	Check and fill coolant and antifreeze
PM007	Check and fill battery electrolyte
PM008	Check and fill brake fluid
PM009	Inspect and lube steering component
PM010	Inspect and lube suspension components
PM011	Inspect brake lines, hoses and pad linings
PM012	Inspect drive line and components
PM013	Inspect for engine oil leaks
PM014	Check and fill differential fluid
PM015	Check and set tire inflation and condition
PM016	Inspect and lube door and hood hinges

Complete

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional Comments

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Service Performed By: \_\_\_\_\_

Next Preventative Maint. Due: \_\_\_\_\_

**FAX COMPLETED FORM TO: 805-756-2453**

\*Preventative Maintenance must be performed by a licensed mechanic or BAR approved shop.