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STREET

1112 Francis Street, West
Jacksonville, AL 36265

Phone: (256) 435-3582

Fax: (256) 435-3674

LEAVES AND GRASS CLIPPINGS

Beginning April 1 thru September 30, all loose leaves and grass clippings ***MUST BE BAGGED***. Bagged leaves and grass clippings will be picked up on a regular schedule if placed at one location near the street but not within the traveled portion, the gutter, or any drainage facility and at least 3 feet from any obstacles such as mailboxes, poles, and automobiles.

Stanley Carr, Superintendent
Street & Sanitation Department

General Information

The City of Jacksonville Street Department is located at the intersection of Francis Street W. and Elm Avenue, NW., and provides services relating to the maintenance, repair and construction of City streets and right of ways.

These services include:

- Street repairs
- Sidewalk, curb and gutter repair
- Construction, paving and repaving
- Maintenance of all street and traffic signs
- Maintenance of ROW and ditch areas
- Leaf collection
- Street Sweeping
- Trash and brush pickup
- Animal control
- Mosquito control

The department's office hours are 8:00 a.m. until 4:00 p.m.

To place a work order, call (256) 435-3582 during office hours.

Leaves and Grass Clippings Pick-Up

The leaf machine runs continuously once leaves begin to fall. Individual work orders are not needed during this time. This leaf route ends in April. Personnel that perform this service will then begin cutting grass. Residents' loose grass clippings are picked up only when a work order is placed at the Street Department. Grass and/or leaves may be bagged throughout the year and placed on the curb on regular trash collection day – no work order needed.

For more information on what the Street Department will pick up and how the items should be placed for pickup, please view the following ordinance:

ORDINANCE 423 – TRASH COLLECTION



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The City Of Jacksonville Alabama
320 Church Avenue SE
Jacksonville, Alabama 36265
(256) 435-7611

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JACKSONVILLE/PIEDMONT LANDFILL

164 Piedmont-Jacksonville Road
 Piedmont, Alabama 36272
 Phone: (256) 447-2081

Days / Hours of Operation:

7:00 a.m. – 3 p.m. (Monday – Friday)

7:30 a.m. – 11:30 a.m. (2nd & 4th Saturday in the month)

Closed 1st & 3rd Saturday in the month

Closed on Sundays

The Landfill is closed the following holidays:

- July 4th
- Labor Day
- Thanksgiving Day
- Christmas Day
- New Year's Day

Prices:

- \$8.00 per cubic yard
- \$1.00 per small tire
- \$2.00 per large tire



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**STORMWATER
MANAGEMENT**



CITY OF JACKSONVILLE, ALABAMA

POLLUTION PREVENTION/GOOD HOUSEKEEPING

FOR MUNICIPAL OPERATIONS:

**A GUIDANCE DOCUMENT
OF
BEST MANAGEMENT PRACTICES
AND
INSPECTION CHECKLISTS**

POLLUTION PREVENTION/GOOD HOUSEKEEPING FOR MUNICIPAL OPERATIONS:

A GUIDANCE DOCUMENT OF BEST MANAGEMENT PRACTICES

AND INSPECTION CHECKLISTS

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19. INVENTORY OF MUNICIPAL FACILITIES THAT HAVE THE POTENTIAL TO DISCHARGE POLLUTANTS VIA STORMWATER RUNOFF

INTRODUCTION

This group of (17) Pollution Prevention/Good Housekeeping Best Management Practices and Inspection checklists that relate to municipal operations and their potential effects on stormwater have been developed and assembled by a group of municipal officials that have a wealth of experience pertaining to operations and maintenance within municipalities. The information that has been formulated as guidance material for implementation of the Stormwater Phase II Municipal Separate Storm Sewer System Permit **has not** been designed to be comprehensive in all aspects of each topic. Municipalities should be “flexible” in their use of this information as pertains to their own unique municipal operations.

GLOSSARY OF TERMS

Biochemical oxygen demand – Depletion of dissolved oxygen in water caused by decomposition of chemical or biologic matter.

Catch Basin – A unit that is installed to capture and retain debris, particulate matter, or other solid materials, but allows stormwater to “flow through” to its discharge location

Drip Irrigation –irrigation via a perforated device (i.e. hose) that allows for a slow watering method with reduced evaporation and run-off losses

Hydraulic – Referring to water

(IPM) Integrated Pesticide Management – An environmentally sensitive approach to pest management (**not** elimination) that uses the least toxic control method – a sustainable approach to managing pests by combining biological, cultural, physical, and chemical tools.

Loading – Term used in conjunction with *sediment* and *hydraulic* to describe excessive amounts (of the term that is described)

Naturescaping – An alternative landscaping technique that incorporates native plants and creates beneficial wildlife habitat – also conserves water and energy, reduces soil/water pollution.

Oil/Water Separator – A unit that is installed “in line” to a wastewater discharge pipe which is devised to capture petroleum derived materials that float on water

Pesticides – Products that are toxic and are used to kill pests - can be classified as insecticides, herbicides, rodenticides, biocides, aquacides.

POTW – Publicly Owned Treatment Works - - a municipal wastewater treatment plant

Scupper – an opening (in a bridge deck) to allow water drainage – it does not capture debris, particulate matter, or other solid materials

Sediments - Small particles of matter that settle to the bottom of a body of water

Silt – Material consisting of mineral soil particles ranging in diameter from 0.02 millimeters to 0.002 millimeters

Stormwater - rainwater run-off or snow melt waters – these waters can interact with different types of materials, transporting contaminants to surface waters (i.e. streams, creeks, rivers)

Toxicity –The relative degree of being poisonous

Xeriscaping – An alternative landscaping technique that incorporates slow growing plants to conserve water and reduce yard trimmings

Zero input, low input (lawns) - have minimal need for care (i.e. addition of fertilizers/pesticides, water, etc.)

**LANDSCAPING AND LAWN CARE POLLUTION PREVENTION/GOOD
HOUSEKEEPING PRACTICES**

1. **IDENTIFY IMPACTS TO/ON STORMWATER/RECEIVING WATERS (SURFACE WATERS)**

- Nutrient loading (nitrogen and phosphorous) from fertilizer run-off can cause excessive aquatic plant growth

2. **PROBLEM EVALUATION: ASSESS IMPACT ON RECEIVING WATERS, PRIORITIZE**

- Biochemical Oxygen Demand

3. **IDENTIFY (AND CHOOSE APPROPRIATE) SOLUTIONS (BMP's)**

- Purchase only enough lawn care products necessary for one year – store properly to avoid waste generation (spills, leaks)
- Use slow release or naturally derived (organic) fertilizers
- Train employees in the proper application of lawn care products
- Develop zero input/low input lawns
- Consider alternative landscape techniques (i.e. naturescaping, xeriscaping)
- Plant trees away from sewer lines or other underground utilities
- Use drip irrigation techniques for landscaping

4. **INSPECTION PROCEDURES**

- Routinely monitor lawns to identify problems during their early stages
- Identify nutrient/water needs of plants, inspect for problems by testing soils

5. **MAINTENANCE PROCEDURES**

- Minimize/eliminate fertilizer application
- Leave grass clippings on lawn, or mulch clippings into lawn
- Limit watering as necessary to supplement rainwater (1 inch/week is adequate)
- Mow with sharpened blades set high (3 inches) – remove only the top 1/3 of the leaves
- Water plants in the early A.M.

LANDSCAPING AND LAWN CARE INSPECTION CHECKLIST

Location: _____

COMPONENTS/ITEMS TO CHECK	PROBLEMS OBSERVED	MAINTENANCE/REPAIRS NECESSARY		ACTION
Grass/plant condition	Wilted/brown leaves	Yes	No	<input type="checkbox"/> Add water
General area	Barren soils	Yes	No	<input type="checkbox"/> Re-seed, cover with hay or burlap to prevent run-off

Date of Inspection _____

Name _____

Frequency _____

SPILL RESPONSE AND PREVENTION
POLLUTION PREVENTION/GOOD HOUSEKEEPING PRACTICES

1. **IDENTIFY MATERIALS THAT IMPACT STORMWATER/RECEIVING WATERS (SURFACE WATERS)**

- Liquids associated with vehicle/equipment maintenance products (oils, fuels, antifreeze, etc.)
- Rock salt
- Chemicals (fertilizers, pesticides)

2. **PROBLEM EVALUATION: ASSESS IMPACT ON RECEIVING WATERS, PRIORITIZE**

- Toxicity
- Biochemical oxygen demand

3. **IDENTIFY (AND CHOOSE APPROPRIATE) SOLUTIONS (BMP's)**

- Keep all materials properly stored in closed, labeled containment systems
- Use secondary containment systems where appropriate
- Obtain spill recovery materials for immediate response to a spill

4. **INSPECTION PROCEDURES**

- Inspect secondary containment systems, oil/water separators periodically
- Inspect containers for leaks, areas near storm receiver inlets and outlets, floor drains for indications of spills

5. **MAINTENANCE PROCEDURES**

- Use reusable spill clean-up materials (sponge mops, oil absorbent pads, etc.)
- Pump out oil water separators as needed
- Protect drains with oil absorbent materials
- Clean out receivers on regular schedule
- Remove spilled salt from salt loading area

6. **ADVISORY**

- Report petroleum spills (as necessary) to the City of Jacksonville Fire Department

SPILL RESPONSE AND PREVENTION INSPECTION CHECKLIST

Location: _____

COMPONENTS/ITEMS TO CHECK	PROBLEMS OBSERVED	MAINTENANCE/REPAIRS NECESSARY		ACTION
Products/waste storage areas	Uncovered/deteriorating containers Materials spilled, leaks	Yes	No	<input type="checkbox"/> Cover/replace <input type="checkbox"/> Clean up
Equipment storage areas	Fluid leaks	Yes	No	<input type="checkbox"/> Clean up
Secondary containment systems	Structural deterioration Leakage of fluids	Yes	No	<input type="checkbox"/> Repair/replace <input type="checkbox"/> Clean up
Oil/water separators	Excessive amounts of contaminants	Yes	No	<input type="checkbox"/> Pump out
Floor drains, storm receiver inlets and outlets	Accumulation of contaminants	Yes	No	<input type="checkbox"/> Clean up/remove

Date of Inspection _____

Name _____

Frequency _____

PEST CONTROL
POLLUTION PREVENTION/GOOD HOUSEKEEPING PRACTICES

1. **IDENTIFY IMPACTS TO/ON STORMWATER/RECEIVING WATERS (SURFACE WATERS)**
 - Run-off of pesticides may harm aquatic life, may contaminate water
2. **PROBLEM EVALUATION: ASSESS IMPACT ON RECEIVING WATERS, PRIORITIZE**
 - Toxicity to aquatic plants and animals
3. **IDENTIFY (AND CHOOSE APPROPRIATE) SOLUTIONS (BMP's)**
 - Purchase only enough pesticides necessary for one year – store properly to avoid waste generation (spills, leaks, product deterioration)
 - Minimize/eliminate pesticide application, use lowest toxicity pesticides
 - Do not apply pesticides immediately prior to or during rain events
 - Ensure that employees are properly trained and certified in pesticide application techniques and safety
 - Develop zero input, low input lawns
 - Eliminate food, water, and shelter for pests
 - Adopt integrated pest management (IPM) techniques
 - Adopt alternatives to pesticides options (i.e. use mechanical traps, physical methods for removal, or biological controls)
4. **INSPECTION PROCEDURES**
 - Identify pests – are levels acceptable or must action be taken to control pests?
 - Inspect pesticide inventory – properly dispose of out-of-date pesticide materials
5. **MAINTENANCE PROCEDURES**
 - Inspect pest traps (i.e. bait boxes) regularly – remove (and properly dispose of) dead pests
 - Block/eliminate access to buildings/structures for pests
 - Remove pests (insects) by hand

PEST CONTROL INSPECTION CHECKLIST

Location: _____

COMPONENTS/ITEMS TO CHECK	PROBLEMS OBSERVED	MAINTENANCE/REPAIRS NECESSARY		ACTION
Pesticide storage area	Excessive amounts of pesticides Spilled pesticides Empty containers No security or access control	Yes	No	<input type="checkbox"/> Reduce volumes, implement IPM <input type="checkbox"/> Clean up <input type="checkbox"/> Properly dispose <input type="checkbox"/> install
Application equipment	Improper amounts of pesticides applied	Yes	No	<input type="checkbox"/> Properly calibrate
Floor	Drain system Not curbed around perimeter No impermeable surface	Yes	No	<input type="checkbox"/> Eliminate <input type="checkbox"/> Install curbing <input type="checkbox"/> Install impermeable surface

Date of Inspection _____

Name _____

Frequency _____

PET WASTE COLLECTION
POLLUTION PREVENTION/GOOD HOUSEKEEPING PRACTICES

1. IDENTIFY IMPACTS TO/ON STORMWATER/RECEIVING WATERS (SURFACE WATERS)
 - Municipal animal shelters
2. PROBLEM EVALUATION: ASSESS IMPACT ON RECEIVING WATERS. PRIORITIZE
 - Biochemical oxygen demand
 - Solids loading
3. IDENTIFY (AND CHOOSE APPROPRIATE) SOLUTIONS (BMP's)
 - House all animals in an enclosed, roofed structure
 - ID/utilize "permitted" waste disposal facilities for animal wastes
4. INSPECTION PROCEDURES
 - Inspect shelter regularly for necessary cleanup/removal of wastes
5. MAINTENANCE PROCEDURES
 - Remove spilled food, animal wastes on a regular basis

PET FACILITY MAINTENANCE INSPECTION CHECKLIST

Facility Location: _____

COMPONENTS/ITEMS TO CHECK	PROBLEMS OBSERVED	MAINTENANCE/REPAIRS NECESSARY		ACTION
Animal Housing area	Excessive amounts of waste Dead animals	Yes	No	<input type="checkbox"/> Remove/rinse to floor drain (to sanitary sewer) <input type="checkbox"/> Bag and remove
Facility's floor drain	Discharges directly to environment	Yes	No	<input type="checkbox"/> Connect to sanitary sewer

Frequency of Inspection Daily _____

Name _____

Date _____

SEPTIC SYSTEM MANAGEMENT
POLLUTION PREVENTION/GOOD HOUSEKEEPING PRACTICES

1. IDENTIFY IMPACTS TO/ON STORMWATER/RECEIVING WATERS (SURFACE WATERS)

- Ponding of improperly treated wastewaters (on the surface of a leach field or a sand filter system) can increase the biochemical oxygen demand of receiving waters.
- Excessive amounts of disinfectant (i.e. chlorine) applied to a wastewater discharge from a sand filter system can cause toxicity to aquatic plants and animals

2. PROBLEM EVALUATION: ASSESS IMPACT ON RECEIVING WATERS, PRIORITIZE

- Biochemical oxygen demand

3. IDENTIFY (AND CHOOSE APPROPRIATE) SOLUTIONS (BMP's)

- Divert stormwater run-off (i.e. from roof drains) away from septic system
- Divert groundwater (sump pump) discharges away from septic system
- Locate swimming pools away from the septic system (at least 20' from the septic tank, at least 35' from the closest edge of the leach field or sand filter system)
- Prevent problems caused by vegetation - growth of woody plants on the system
- Prevent hydraulic loading - "Spread out" the use of devices which use large volumes of water across the entire day – clothes washing, dish washing, bathing, repair leaky fixtures
- Minimize water usage by using flow restrictors on potable water distribution devices (i.e. shower heads, water faucets)

4. INSPECTION PROCEDURES

Physical evidence of problems:

- "back up" of wastewater in sewer lines
- sewage odors
- leach field/sand filter - wetness/ponding on surface
- overflow of wastes from system components
- heavy vegetation (woody plants) growth on system components

5. MAINTENANCE PROCEDURES

- "Pump out" the septic tank as needed
- Mow surface vegetation regularly
- Prevent "heavy equipment" from driving on top of the system components

6. ADVISORY

- Obtain site plan/site sketch of system, and retain for reference.

SEPTIC SYSTEM MANAGEMENT INSPECTION CHECKLIST

Unit ID: _____ Permit # _____ Location _____

COMPONENTS/ITEMS TO CHECK	PROBLEMS OBSERVED	MAINTENANCE/REPAIRS NECESSARY		ACTION
Septic tank cover	Broken/cracked?	Yes	No	<input type="checkbox"/> Replace
Distribution box	sewage overflowing, distribution box level?	Yes	No	<input type="checkbox"/> Clean out <input type="checkbox"/> Re-level
Leach field or sand filter	Sewage on surface, odors, excessive vegetation growth	Yes	No	<input type="checkbox"/> Clean out distribution lines <input type="checkbox"/> Cut vegetation
Disinfection system (if present)	Operating improperly	Yes	No	<input type="checkbox"/> Check/repair equipment
Outfall	Improper chlorine residual	Yes	No	<input type="checkbox"/> Perform monitoring, sampling/analysis as permit requires

Frequency of Inspection _____

Last pump out (date) _____

Date of Inspection _____

Name _____

(If unit is a HOLDING TANK, pump out schedule) _____

VEHICLE/EQUIPMENT MAINTENANCE
POLLUTION PREVENTION/GOOD HOUSEKEEPING PRACTICES

1. IDENTIFY IMPACTS TO/ON STORMWATER/RECEIVING WATERS (SURFACE WATERS)

- Trace amounts of metals/hydrocarbons are found in materials (i.e. fuels, antifreeze, batteries, motor oils, grease, parts cleaning solvents) that are typically used in maintenance operations

2. PROBLEM EVALUATION: ASSESS IMPACT ON RECEIVING WATERS, PRIORITIZE

- Toxicity
- Biochemical oxygen demand

3. IDENTIFY (AND CHOOSE APPROPRIATE) SOLUTIONS (BMPs)

- Conduct maintenance work indoors – if work must be performed outside, guard against spillage of materials that could discharge to storm receivers
- Seal floor drains that discharge directly to the environment, if possible
- Initiate single purpose use of vehicle bays – dedicate one (or more) bays that have no (or sealed) floor drains for repairs/maintenance
- Clean up spilled materials immediately, using “dry” methods
- Install pretreatment systems (oil/water separators) where necessary in sewer lines to capture contaminants (oil, grit), and maintain as needed
- Never leave vehicles unattended while refueling
- Identify appropriate recycling/disposal options for wastes

4. INSPECTION PROCEDURES

- Inspect (for maintenance purposes) floor drain systems, oil/water separators
- Monitor “parked” vehicles/equipment for leaks

5. MAINTENANCE PROCEDURES

- Maintain a clean work area – remove contaminants from floors, drains, catch basins, using “dry” methods
- Use non-hazardous cleaners. Use non chlorinated solvents instead of chlorinated solvents
- Repair or replace any leaking containers
- Use steam cleaning /pressure washing instead of solvent for parts cleaning
- Store waste fluids in properly capped, labeled storage containers
- Store batteries in leak-proof, compatible (i.e. non reactive) containers
- Rinse grass from lawn care equipment on permeable (grassed) areas
- Protect against pollution if outside maintenance is necessary (cover storm receivers, use secondary containment vessels, etc.)

6. ADVISORY

- Report petroleum spills (as necessary) to the City of Jacksonville Fire Department

VEHICLE AND EQUIPMENT MAINTENANCE/STORAGE AREA INSPECTION CHECKLIST

Unit ID: _____ Location: _____

COMPONENTS/ITEMS TO CHECK	PROBLEMS OBSERVED	MAINTENANCE/REPAIRS NECESSARY		ACTION
Truck/equipment	Leaks/spills	Yes	No	<input type="checkbox"/> Clean spill, repair leak, capture fluids in drip pan
Salt/sand spreader	Improper amounts of product applied	Yes	No	<input type="checkbox"/> Recalibrate
Lawn care equipment	Improper operation	Yes	No	<input type="checkbox"/> Inspect/repair

Date of Inspection _____

Name _____

Frequency _____

VEHICLE/EQUIPMENT WASHING
POLLUTION PREVENTION/GOOD HOUSEKEEPING PRACTICES

1. **IDENTIFY IMPACTS TO/ON STORMWATER/RECEIVING WATERS (SURFACE WATERS)**

- Nutrients (biodegradable soaps)
- Metals
- Petroleum based wastes (organic pollutants)

2. **PROBLEM EVALUATION: ASSESS IMPACT ON RECEIVING WATERS, PRIORITIZE**

- Biochemical oxygen demand from nutrient sources
- Toxicity
- Hydraulic loading

3. **IDENTIFY (AND CHOOSE APPROPRIATE) SOLUTIONS (BMPs)**

- Initiate single purpose use of vehicle bays - dedicate only one bay for washing (with floor drain system)
- Perform cleaning with pressurized cold water, without the use of soaps, if wastewaters will flow to a storm sewer system
- Use minimal amounts of biodegradable soaps only if wastewaters will discharge to a sanitary sewer system
- Rinse with hoses that are equipped with automatic shutoff devices and spray nozzles
- Steam clean (without soap) where wastes can be captured for proper disposal (i.e. oil/water separator)

4. **INSPECTION PROCEDURES**

- Inspect floor drain systems regularly - use only those that discharge to a sanitary sewer, identify the need for cleaning of catch basins, oil/water separators

5. **MAINTENANCE PROCEDURES**

- Map storm drain locations accurately to avoid illegal discharges
- Perform steam cleaning or pressure washing where wastes can be captured for proper disposal
- Take precautions against excess use of/spillage of detergents

VEHICLE AND EQUIPMENT WASHING AREA INSPECTION CHECKLIST

Facility location: _____

COMPONENTS/ITEMS TO CHECK	PROBLEMS OBSERVED	MAINTENANCE/REPAIRS NECESSARY		ACTION
Designated "wash only" area	No impermeable pad with wastewater collection system	Yes	No	<input type="checkbox"/> Designate/construct area
Wastewater discharge location	Does not flow to either a holding tank or to sanitary sewers	Yes	No	<input type="checkbox"/> Properly relocate discharge
Washing/degreasing compounds	Solvent based	Yes	No	<input type="checkbox"/> Change to biodegradable products
Floor drain sump	Nonexistent	Yes	No	<input type="checkbox"/> Install and maintain sump, remove debris
Oil/water separator	Excessive oils/sludges	Yes	No	<input type="checkbox"/> Clean out contaminants
Catch basin	Nonexistent, accumulation of contaminants	Yes	No	<input type="checkbox"/> Install/maintain catch basin

Date of Inspection _____

Name _____

Frequency _____

ROADWAY AND BRIDGE MAINTENANCE
POLLUTION PREVENTION/GOOD HOUSEKEEPING PRACTICES

1. **IDENTIFY IMPACTS TO/ON STORMWATER/RECEIVING WATERS (SURFACE WATERS)**

- Road salt components - sodium, calcium, and chlorides
- Hydrocarbons
- Particulates – such as dry paint or abrasive compounds, road debris
- Debris

2. **PROBLEM EVALUATION: ASSESS IMPACT ON RECEIVING WATERS, PRIORITIZE**

- Particulate matter
- Toxicity (paint – may contain metals such as lead, barium, cadmium)

3. **IDENTIFY (AND CHOOSE APPROPRIATE) SOLUTIONS (BMPs)**

- Incorporate preventive maintenance and planning for regular operations & maintenance activities
- Pave in dry weather only.
- Stage road operations and maintenance activity (patching, potholes) to reduce spillage. Cover catch basins and manholes during this activity.
- Clean up fluid leaks or spills from paving equipment/materials immediately
- Restrict the use of herbicides/pesticide application to roadside vegetation
- Use porous asphalt for pothole repair and shoulder work
- Sweep and vacuum paved roads and shoulders to remove debris and particulate matter
- Maintain roadside vegetation; select vegetation with a high tolerance to road salt
- Control particulate wastes from bridge sandblasting operations
- Use calcium magnesium acetate for deicing around bridges to minimize corrosion
- Clean out bridge scuppers and catch basins regularly
- Direct water from bridge scuppers to vegetated areas
- Mechanically remove (i.e. sweep) debris from bridge deck and structure prior to washing

4. **INSPECTION PROCEDURES**

- Inspect paving, sweeping, vacuuming, and all other maintenance vehicles/equipment as appropriate
- Inspect roads and bridges for implementation of applicable BMP's

5. **MAINTENANCE PROCEDURES**

- Clean bridge scuppers routinely and keep free of debris
- Direct run-off water from bridges to vegetated areas
- Install catch basins in place of bridge scuppers
- Use tarps, booms, and vacuums during painting or blasting activities (refer to reference information to control/capture particulate matter)
- Repair leaking/defective containers or equipment on paving equipment

ROADWAY AND BRIDGE MAINTENANCE INSPECTION CHECKLIST

Bridge No.: _____ BIN: _____ Carried: _____ Crossed:

Wetlands Present: Y N Stream Restriction: Y N If yes, Dates: _____

COMPONENTS/ITEMS TO CHECK	PROBLEMS OBSERVED	MAINTENANCE/ REPAIRS NECESSARY		ACTION
Bridge Deck (Top Side)	Debris Along Curb	Yes	No	<input type="checkbox"/> Sweep bridge, deposit debris on bank 50' from sweep and spread out <input type="checkbox"/> Wash Bridge Deck
Bridge Seats at Abutment, or Top of Piers	Debris on Seat or Top of Pier	Yes	No	<input type="checkbox"/> Remove debris, deposit on stream banks <input type="checkbox"/> Bird Nest Present? If yes, wait until nesting is complete. <input type="checkbox"/> Wash Abutment & Pier
Washing of Superstructure	Debris – Salts on Superstructure	Yes	No	<input type="checkbox"/> Bird Nest Present? If yes, wait until nesting is complete. <input type="checkbox"/> Flaking Paint Present? If yes, do not wash. <input type="checkbox"/> Stream Restriction? If yes, wait until restrictions are removed. <input type="checkbox"/> Wash Superstructure

**ALTERNATIVE DISCHARGE OPTIONS FOR CHLORINATED WATER
POLLUTION PREVENTION/GOOD HOUSEKEEPING PRACTICES**

1. **IDENTIFY IMPACTS TO/ON STORMWATER/RECEIVING WATERS (SURFACE WATERS)**
 - Discharge of chlorinated (i.e. swimming pool, hot tub) waters to surface waters can injure or kill aquatic life

2. **PROBLEM EVALUATION: ASSESS IMPACT ON RECEIVING WATERS, PRIORITIZE**
 - Toxicity – very low levels of chlorine can detrimentally affect aquatic life
 - Hydraulic loading

3. **IDENTIFY (AND CHOOSE APPROPRIATE) SOLUTIONS (BMPs)**
 - Dechlorinate pool water before any discharge, be it over land or to the sanitary sewer, or allow the “disinfectant” to dissipate with sunlight, use, etc. prior to discharge
 - Use ultraviolet radiation or osmosis to disinfect water/wastewater
 - Backwash water should be discharged to the sanitary sewer, if available – if not available, discharge water over vegetated areas, not to surface waters

4. **INSPECTION PROCEDURES**
 - Check chlorine residuals prior to discharge.
 - Do not discharge wastewaters into the sanitary sewer system during periods of high flow.

5. **MAINTENANCE PROCEDURES**
 - Maintain proper levels of chlorine residuals in pool.
 - Allow disinfectant to dissipate prior to discharge of pool waters.

6. **ADVISORY**
 - Obtain permission from the City of Jacksonville prior to discharging any chlorinated pool waters to a sanitary sewer system.

ALTERNATIVE DISCHARGE OPTIONS FOR CHLORINATED WATER INSPECTION CHECKLIST

Location: _____

COMPONENTS/ITEMS TO CHECK	PROBLEMS OBSERVED	MAINTENANCE/REPAIRS NECESSARY		ACTION
Pools, hot tubs	Need to empty unit and replace water	Yes	No	<input type="checkbox"/> Discharge to sanitary sewers or to vegetated areas after the disinfectant dissipates, not to storm sewers or surface waters

Date of Inspection _____

Name _____

Frequency _____

HAZARDOUS AND WASTE MATERIALS MANAGEMENT
POLLUTION PREVENTION/GOOD HOUSEKEEPING PRACTICES

1. **IDENTIFY IMPACTS TO/ON STORMWATER/RECEIVING WATERS (SURFACE WATERS)**

- Lube oils
- Coatings and their compatible solvents (paints, thinners, etc.)
- Anti-freeze
- Cleaning agents
- Fuels (gas, diesel, kerosene)

2. **PROBLEM EVALUATION: ASSESS IMPACT ON RECEIVING WATERS, PRIORITIZE**

- Biochemical oxygen demand
- Toxicity to aquatic plants and wildlife
- Particulate loading

3. **IDENTIFY (AND CHOOSE APPROPRIATE) SOLUTIONS (BMP's)**

- Ensure that all materials are stored in closed, labeled containers – if stored outside, drums should be placed on pallets, away from storm receivers – inside storage areas should be located away from floor drains
- Eliminate floor drain systems that discharge to storm drains, if possible
- Use a pretreatment system to remove contaminants prior to discharge
- Reduce stock of materials “on hand” – use “first in/first out” management technique
- Use the least toxic material (i.e. non hazardous) to perform the work
- Install/use secondary containment devices where appropriate
- Eliminate wastes by reincorporating coating/solvent mixtures into the original coating material for reuse
- Recycle materials if possible, or ensure proper disposal of wastes

4. **INSPECTION PROCEDURES**

- Physical on-site verification of sealed floor drains (or redirected to sanitary sewer)
- Regular inspection of material storage areas (inside and outside)
- Regular inspection and cleaning of oil/water separators by qualified contractor
- Inspect stormwater discharge locations regularly (for contaminants, soil staining, plugged discharge lines)

5. **MAINTENANCE PROCEDURES**

- Repair or replace any leaking/defective containers, and replace labels as necessary
- Maintain caps and/or covers on containers
- Maintain aisle space for inspection of products/wastes

HAZARDOUS AND WASTE MATERIALS MANAGEMENT INSPECTION CHECKLIST

Location: _____

COMPONENTS/ITEMS TO CHECK	PROBLEMS OBSERVED	MAINTENANCE/REPAIRS NECESSARY		ACTION
Outside storage areas	Weathering	Yes	No	<input type="checkbox"/> Protect from weathering – store on pallets, cover
Salt piles Soil staging areas	Salt staining Silt run-off	Yes	No	<input type="checkbox"/> Cover with tarps
Aboveground storage tanks	Deterioration	Yes	No	<input type="checkbox"/> Cover with tarps, install physical barriers
Inside storage areas	Potential for discharges	Yes	No	<input type="checkbox"/> Inspect/repair/maintain, install secondary containment
Drums, other containers	Deterioration Uncovered	Yes	No	<input type="checkbox"/> Seal floor drains, install secondary containment <input type="checkbox"/> Repair/replace <input type="checkbox"/> Cover/cap

Date of Inspection _____

Name _____

Frequency _____

OPERATIONAL BY PRODUCTS/WASTES
POLLUTION PREVENTION/GOOD HOUSEKEEPING PRACTICES

1. **IDENTIFY IMPACTS TO/ON STORMWATER/RECEIVING WATERS (SURFACE WATERS)**

- Potential for leaching of toxic and biologic contaminants to receiving waters

2. **PROBLEM EVALUATION: ASSESS IMPACT ON RECEIVING WATERS, PRIORITIZE**

- Toxicity
- Biochemical oxygen demand

3. **IDENTIFY (AND CHOOSE APPROPRIATE) SOLUTIONS (BMP's)**

- Post “no dumping” signs
- Illuminate area if possible
- Prevent access – erect barriers
- Identify the byproducts/wastes that should be recycled (i.e. paper, cardboard) or can be legally disposed of on municipal lands

4. **INSPECTION PROCEDURES**

- Regularly scheduled inspections - for maintenance concerns
- Unscheduled patrolling of areas by police

5. **MAINTENANCE PROCEDURES**

- Clean up and dispose of “illegally dumped” materials, trash/debris in accordance with environmental regulations
- Cut and remove vegetation

OPERATIONAL BY-PRODUCTS AND WASTES INSPECTION CHECKLIST

Location _____

(example. Temporary dumping areas for bulky trash items)

COMPONENTS/ITEMS TO CHECK	PROBLEMS OBSERVED	MAINTENANCE/REPAIRS NECESSARY		ACTION
Condition of general area	Possible run-off to/ contamination of storm sewer or water body	Yes	No	<input type="checkbox"/> Remove <input type="checkbox"/> Fix
Type of material/waste observed?	Appropriate?	Yes	No	<input type="checkbox"/> Remove to appropriate container/location
Security	Regular policing of area, Location properly secured/closed/locked?	Yes	No	<input type="checkbox"/> Secure waste area
Disposal	Past disposal date?	Yes	No	<input type="checkbox"/> Dispose timely

Inspection Frequency _____

Last Clean-up Date _____

Date of Inspection _____

Name _____

CATCH BASIN AND STORM DRAIN SYSTEM CLEANING
POLLUTION PREVENTION/ GOOD HOUSEKEEPING PRACTICES

1. **IDENTIFY IMPACTS TO/ON STORMWATER/RECEIVING WATERS (SURFACE WATERS)**

- Catch basins capture grit and debris, which, if not removed in a timely fashion, can discharge toxic and biological pollutants during rain and/or snow melt events
- Storm drainage systems, while not designed for capture of solid materials, can perform in the same manner with similar results.
- Storm ditches, if stripped of vegetation during cleaning, can result in silt deposition in receiving waters

2. **PROBLEM EVALUATION: ASSESS IMPACT ON RECEIVING WATERS. PRIORITIZE**

- Toxicity – heavy metals, organic compounds, etc.
- Biochemical oxygen demand
- Sediment loading

3. **IDENTIFY (AND CHOOSE APPROPRIATE) SOLUTIONS (BMP's)**

- Address:
 - storm drain receivers and (below grade) storm sewer systems
 - parking lot receivers
 - open ditches
 - catch basins and floor drain systems inside of buildings should be either:
 - sealed to prevent discharge
 - discharged to sanitary sewers
- Contaminated wastewaters should not be discharged to a catch basin/street receiver/ditch
- Increase frequency of cleaning, as necessary
- Repair/replace storm drain receiver and catch basin receiver grates as necessary

4. **INSPECTION PROCEDURES**

- Physical inspection – prioritize storm drain systems and catch basins – catch basins on steep grades may need more frequent cleaning
- Clean catch basin when depth of deposits are $>1/3$ the depth from the bottom of the basin to the invert of the lowest pipe/opening into or out of basin – Institute temporary street parking bans to facilitate access to catch basins
- Ditch inspections – ID problems while traveling to job site
- Storm event inspection – identify pollution problems (i.e. sediments) to determine the need for additional protective measures
- Post storm event inspection – ID problems (i.e. blockages)

5. **MAINTENANCE PROCEDURES**

- Catch basins/storm sewer pipe – cleaning in spring to remove sand/grit/salt from winter road maintenance, cleaning in fall to remove leaves/silt/debris
- Established ditch:
 - Maintain proper slope
 - Maintain vegetation by cutting (to capture sediment) – Do not allow vegetation to grow to a height that would impair sight lines of drivers of motor vehicles
 - Remove obstacles/ debris – (i.e. trash, tree branches, brush, cut vegetation)
 - Excavation/ditch scraping – if necessary, use devices (i.e. hay bales, silt fence) to capture sediment prior to stormwater discharge into receiving waters, reseed ditch
- New installation – capture particulate matter – install sediment basins/other devices in ditch
- Proper disposal of debris

CATCH BASIN AND STORM DRAIN SYSTEM CLEANING INSPECTION CHECKLIST

Road Name: _____ Road Number: _____ Road Section: From: _____ To: _____

COMPONENTS/ITEMS TO CHECK	PROBLEMS OBSERVED	MAINTENANCE/ REPAIRS NECESSARY		ACTION	LOCATION (House number, distance from intersection)
Catch Basin/ Drop Inlet	Deterioration of Structure	Yes	No	<input type="checkbox"/> Repair Structure or Grate <input type="checkbox"/> Replace Structure or Grate	
	Clogged Inlets During or After Storm Event	Yes	No	<input type="checkbox"/> Clean Grate / Inlet	
	Deposits in Structure	Yes	No	<input type="checkbox"/> Clean Out Structure	
Storm Manhole	Deterioration of Structure	Yes	No	<input type="checkbox"/> Repair Structure or Cover <input type="checkbox"/> Replace Structure or Cover <input type="checkbox"/> Clean Out Structure	
	Deposits in Structure	Yes	No	<input type="checkbox"/> Clean Out Structure	
Storm Sewer Piping	Clogged Pipe	Yes	No	<input type="checkbox"/> Clean Out Pipe	
	Deteriorated Pipe	Yes	No	<input type="checkbox"/> Replace Pipe	
Ditches (Pollutants)	Excessive Vegetation	Yes	No	<input type="checkbox"/> Mow Vegetation <input type="checkbox"/> Scheduled Ditch Cleaning	
	Debris (branches, litter, garbage, etc.)	Yes	No	<input type="checkbox"/> Clean Out Ditch	
	Excessive Siltation	Yes	No	<input type="checkbox"/> Clean Out & Regrade Ditch	
Roadside / Cross Culverts	Clogged Pipe	Yes	No	<input type="checkbox"/> Clean Out <input type="checkbox"/> Review Size & Replace <input type="checkbox"/> Clean Out & Regrade Ditch	
	Deteriorated Pipe	Yes	No	<input type="checkbox"/> Replace Pipe <input type="checkbox"/> Line Pipe	
Sediment Basins	Excessive Vegetation	Yes	No	<input type="checkbox"/> Mow	
	Excessive Sediment Deposits	Yes	No	<input type="checkbox"/> Clean Out Basin	
Outfall	Pollutants	Yes	No	<input type="checkbox"/> Rip-rap	

Date of Inspection _____ Name _____ Frequency _____

STREET CLEANING AND MAINTENANCE
POLLUTION PREVENTION/GOOD HOUSEKEEPING PRACTICES

1. **IDENTIFY IMPACTS TO/ON STORMWATER/RECEIVING WATER (SURFACE WATERS)**

- Poorly maintained streets allow for a “build up” of trash, grit, and debris, from which sediment and toxic/biological pollutants can be “washed out” during rain and /or snow melt events.
- Street repair/paving processes use materials that can contaminate receiving waters if they interact with stormwater.

2. **PROBLEM EVALUATION: ASSESS IMPACT ON RECEIVING WATERS, PRIORITIZE**

- Particulate matter – can cause sediment loading
- Biochemical oxygen demand
- Toxicity to aquatic plants and wildlife

3. **IDENTIFY (AND CHOOSE APPROPRIATE) SOLUTIONS (BMP's)**

- Street sweeping/vacuuming - at regular intervals, and “as needed”
- Perform operations such as paving in dry weather only.
- Prior to road reconstruction, consider/evaluate the use of “shouldered roads” instead of “curbed roads”
- Maintain roadside vegetation; select plants/trees that can withstand the action of road salt. Direct run-off to these areas.

4. **INSPECTION PROCEDURES**

- Inspect streets, and plan (as needed) for maintenance/repairs
- Prioritize – some streets (i.e. those with high traffic flows, on flat grades, or with many trees) may need more frequent cleaning

5. **MAINTENANCE PROCEDURES**

- Spring sweeping/vacuuming – remove salt/sand residues
- Fall sweeping, collection of leaves at appropriate time intervals
- Dry sweep or vacuum streets during dry weather
- Initiate temporary street by street parking bans to allow access for cleaning
- Maintain equipment - check for/repair fluid leaks
- Stage road operations and maintenance activity (patching, pothole repair) to reduce spillage of materials. Cover catch basins and manholes during activity

STREET CLEANING AND MAINTENANCE INSPECTION CHECKLIST

Location/Section of Road _____

COMPONENTS/ITEMS TO CHECK	PROBLEMS OBSERVED	MAINTENANCE/REPAIRS NECESSARY		ACTION
Roads (curb line)	Debris, grit, stone	Yes	No	<input type="checkbox"/> Shovel or Vacuum
Milling	Broken pavement (excavated material)	Yes	No	<input type="checkbox"/> <input type="checkbox"/> Cover storm inlets, shovel, vacuum
Paving	Tack coat overspray	Yes	No	<input type="checkbox"/> Cover storm inlets
Storm drain inlets	Broken brick, block, mortar	Yes	No	<input type="checkbox"/> Repair
Roadside vegetation	Too high	Yes	No	<input type="checkbox"/> Cut
	None observed	Yes	No	<input type="checkbox"/> Re-seed

Date of Inspection _____

Name _____

Frequency _____

ROAD KILL COMPOSTING OPERATIONS
GOOD HOUSEKEEPING/POLLUTION PREVENTION PRACTICES

1. IDENTIFY IMPACTS TO/ON STORMWATER/RECEIVING WATERS (SURFACE WATERS)
 - Potential for leaching of biologic contaminants to receiving waters
2. PROBLEM EVALUATION: ASSESS IMPACT ON RECEIVING WATERS, PRIORITIZE
 - Biochemical oxygen demand
3. IDENTIFY (AND CHOOSE APPROPRIATE) SOLUTIONS (BMP's)
 - Establish compost pile/windrow on a well drained, impervious surface that has minimal slope – segregate from other operations
 - Identify the proper types of carcasses (typically, deer) that should be composted
 - Locate compost piles at least 200 ft. away from receiving waters or wetlands
 - Prevent access by vermin/scavengers – erect barriers (i.e. snow fence) around pile
4. INSPECTION PROCEDURES
 - Check for odors, temperature of compost, exposed carcasses
 - Keep records (use a daily log)
5. MAINTENANCE PROCEDURES
 - Monitor temperatures
 - Take samples, analyze for pathogens
 - Establish windrows
 - Prevent erosion
 - Recycle completely composted material

ROAD KILL COMPOST SITE INSPECTION CHECKLIST

Location: _____

COMPONENTS/ITEMS TO CHECK	PROBLEMS OBSERVED	MAINTENANCE/REPAIRS NECESSARY		ACTION
Compost pile	Exposed Carcasses	Yes	No	<input type="checkbox"/> Add cover material (wood chips, compost)
	Odors	Yes	No	<input type="checkbox"/> Cover with wood chips <input type="checkbox"/> Add lime
	Liquid run-off (leachate)	Yes	No	<input type="checkbox"/> Absorb with wood chips, return to compost pile
	Animals scavenging	Yes	No	<input type="checkbox"/> Fence area <input type="checkbox"/> Temporarily cover with tarp
	Wood chips too dry	Yes	No	<input type="checkbox"/> Add water
	Wood chips too wet	Yes	No	<input type="checkbox"/> Allow to dry
	Insufficient compost temperature	Yes	No	<input type="checkbox"/> Temporarily cover with tarp

Date of Inspection _____

Name _____

Frequency _____

CONSTRUCTION AND LAND DISTURBANCE
POLLUTION PREVENTION/GOOD HOUSEKEEPING PRACTICES

1. **IDENTIFY IMPACTS TO/ON STORMWATER/RECEIVING WATERS (SURFACE WATERS)**

- Sediment run-off (i.e. silt, debris) can affect fish reproduction and habitat
- Removal of shade trees from stream banks can increase water temperature which can result in reduced dissolved oxygen content in streams

2. **PROBLEM EVALUATION: ASSESS IMPACT ON RECEIVING WATERS, PRIORITIZE**

- Particulate matter – can cause sediment loading
- Biochemical oxygen demand – increases with temperature, depletes oxygen

3. **IDENTIFY (AND CHOOSE APPROPRIATE) SOLUTIONS (BMP's)**

- Plan the construction and/or land clearing activities so that soil is not exposed for long periods of time
- Minimize compaction of soils and impervious cover
- Maximize opportunities for infiltration
- Install sediment control devices before disturbing soil
- Limit grading to small areas
- Stabilize site to protect against sediment run-off
- Protect against sediment flowing into storm drains
- Maintain native vegetation (especially near waterways)
- Install sediment barriers on slopes or divert stormwater

4. **INSPECTION PROCEDURES**

- Regularly scheduled inspections (of sediment control devices, erosion safeguards)
- Inspect during storm or snow melt events

5. **MAINTENANCE PROCEDURES**

- Check/repair all devices that have been installed to ensure protection against erosion

CONSTRUCTION AND LAND DISTURBANCE INSPECTION CHECKLIST

Location: _____

COMPONENTS/ITEMS TO CHECK	PROBLEMS OBSERVED	MAINTENANCE/REPAIRS NECESSARY		ACTION
Sediment control devices	None observed In disrepair	Yes	No	<input type="checkbox"/> Install
Sediment barrier devices	None observed In disrepair	Yes	No	<input type="checkbox"/> Install
		Yes	No	<input type="checkbox"/> Repair
		Yes	No	<input type="checkbox"/>
		Yes	No	<input type="checkbox"/>
		Yes	No	<input type="checkbox"/>

Date of Inspection _____

Name _____

Frequency initial, and as needed (coinciding with storm events)

**INVENTORY OF MUNICIPAL FACILITIES THAT HAVE THE POTENTIAL TO DISCHARGE
POLLUTANTS VIA STORMWATER RUNOFF**

<u>FACILITY</u>	<u>ADDRESS/LOCATION</u>
1. City Hall	320 Church Avenue, SE
2. Police Station	116 Ladiga Street, SE
3. Fire Station	506 Chinabee Avenue, SE
4. Public Safety Complex	911 Public Safety Drive, SW
5. Community Center	501-A Alexandria Road, SW
6. Frog Town Soccer Complex	501-A Alexandria Road, SW
7. Germania Springs	2293 AL Hwy 21, North
8. Henry Farm Park	350 Henry Road, SW
9. City Park	27 Coffee Street, SW
10. Pocket Park	Ladiga Street, SE and Church Avenue, SE
11. Ladiga Park Gardens	Francis Street, West and Chief Ladiga Trail
12. Public Square	AL Hwy 21 and Chief Ladiga Trail
13. Chief Ladiga Trail Trailhead	AL Hwy 204 and Chief Ladiga Trail
14. Chief Ladiga Trail	
15. Creekside Trail	Alexandria Road, SW to Chief Ladiga Trail
16. Dr. Francis Museum	207 Gayle Avenue, SW
17. Senior Citizen's Center	501-C Alexandria Road, SW
18. Public Library	200 Pelham Road, South
19. Train Depot (Civil Service Office)	650 Mountain Street, NW
20. Street Department Shop	1112 Francis Street, West
21. Utility Maintenance Shop	1100 Bear Boulevard, SW
22. Waste Water Treatment Plant	655 Nisbet Street, NW
23. Landfill Office	164 Piedmont-Jacksonville Road
24. Old Civil Service Building	111 Ladiga Street, SE
25. Union Mill	415 Alexandria Road, SW
26. PARD Maintenance Shop	501-B Alexandria Road, SW
27. Gas Service Center	890 Gardner Drive, SE
28. City Green House	890-A Gardner Drive, SE
29. City Cemetery	800 Church Avenue, SE
30. Union Mill (rental building)	421 Alexandria Road, SW

VEHICLE AND EQUIPMENT MAINTENANCE/STORAGE AREA INSPECTION CHECKLIST

Unit ID: TRUCK Location: P. B DEPARTMENT

COMPONENTS/ITEMS TO CHECK	PROBLEMS OBSERVED	MAINTENANCE/REPAIRS NECESSARY		ACTION
Truck/equipment	Leaks/spills	Yes	<u>No</u>	<input type="checkbox"/> Clean spill, repair leak, capture fluids in drip pan
Salt/sand spreader	Improper amounts of product applied	Yes	No	<input type="checkbox"/> Recalibrate
Lawn care equipment	Improper operation	Yes	No	<input type="checkbox"/> Inspect/repair

Date of Inspection 4-9-18

Name 

Frequency _____

VEHICLE AND EQUIPMENT MAINTENANCE/STORAGE AREA INSPECTION CHECKLIST

Unit ID: CAR Location: P. B DEPARTMENT

COMPONENTS/ITEMS TO CHECK	PROBLEMS OBSERVED	MAINTENANCE/REPAIRS NECESSARY		ACTION
Truck/equipment	Leaks/spills	Yes	<u>No</u>	<input type="checkbox"/> Clean spill, repair leak, capture fluids in drip pan
Salt/sand spreader	Improper amounts of product applied	Yes	No	<input type="checkbox"/> Recalibrate
Lawn care equipment	Improper operation	Yes	No	<input type="checkbox"/> Inspect/repair

Date of Inspection 4-9-18

Name 

Frequency _____

VEHICLE AND EQUIPMENT MAINTENANCE/STORAGE AREA INSPECTION CHECKLIST

Unit ID: TRUCK Location: P 3 B DEPARTMENT

COMPONENTS/ITEMS TO CHECK	PROBLEMS OBSERVED	MAINTENANCE/REPAIRS NECESSARY		ACTION
Truck/equipment	Leaks/spills	Yes	<u>No</u>	<input type="checkbox"/> Clean spill, repair leak, capture fluids in drip pan
Salt/sand spreader	Improper amounts of product applied	Yes	No	<input type="checkbox"/> Recalibrate
Lawn care equipment	Improper operation	Yes	No	<input type="checkbox"/> Inspect/repair

Date of Inspection 6-21-18

Name *Paul W. Sykes*

Frequency _____

VEHICLE AND EQUIPMENT MAINTENANCE/STORAGE AREA INSPECTION CHECKLIST

Unit ID: CAR Location: P. B DEPARTMENT

COMPONENTS/ITEMS TO CHECK	PROBLEMS OBSERVED	MAINTENANCE/REPAIRS NECESSARY		ACTION
Truck/equipment	Leaks/spills	Yes	<u>No</u>	<input type="checkbox"/> Clean spill, repair leak, capture fluids in drip pan
Salt/sand spreader	Improper amounts of product applied	Yes	No	<input type="checkbox"/> Recalibrate
Lawn care equipment	Improper operation	Yes	No	<input type="checkbox"/> Inspect/repair

Date of Inspection 6-21-18

Name 

Frequency _____

VEHICLE AND EQUIPMENT MAINTENANCE/STORAGE AREA INSPECTION CHECKLIST

Unit ID: TRUCK Location: P = B DEPARTMENT

COMPONENTS/ITEMS TO CHECK	PROBLEMS OBSERVED	MAINTENANCE/REPAIRS NECESSARY		ACTION
Truck/equipment	Leaks/spills	Yes	<u>No</u>	<input type="checkbox"/> Clean spill, repair leak, capture fluids in drip pan
Salt/sand spreader	Improper amounts of product applied	Yes	No	<input type="checkbox"/> Recalibrate
Lawn care equipment	Improper operation	Yes	No	<input type="checkbox"/> Inspect/repair

Date of Inspection 8-14-18

Name 

Frequency _____

VEHICLE AND EQUIPMENT MAINTENANCE/STORAGE AREA INSPECTION CHECKLIST

Unit ID: CAR Location: P 3 B DEPARTMENT

COMPONENTS/ITEMS TO CHECK	PROBLEMS OBSERVED	MAINTENANCE/REPAIRS NECESSARY		ACTION
Truck/equipment	Leaks/spills	Yes	<u>No</u>	<input type="checkbox"/> Clean spill, repair leak, capture fluids in drip pan
Salt/sand spreader	Improper amounts of product applied	Yes	No	<input type="checkbox"/> Recalibrate
Lawn care equipment	Improper operation	Yes	No	<input type="checkbox"/> Inspect/repair

Date of Inspection 8-14-18

Name 

Frequency _____

VEHICLE AND EQUIPMENT MAINTENANCE/STORAGE AREA INSPECTION CHECKLIST

Unit ID: TRUCK Location: P & B DEPARTMENT

COMPONENTS/ITEMS TO CHECK	PROBLEMS OBSERVED	MAINTENANCE/REPAIRS NECESSARY		ACTION
Truck/equipment	Leaks/spills	Yes	<u>No</u>	<input type="checkbox"/> Clean spill, repair leak, capture fluids in drip pan
Salt/sand spreader	Improper amounts of product applied	Yes	No	<input type="checkbox"/> Recalibrate
Lawn care equipment	Improper operation	Yes	No	<input type="checkbox"/> Inspect/repair

Date of Inspection 10-19-18

Name 

Frequency _____

VEHICLE AND EQUIPMENT MAINTENANCE/STORAGE AREA INSPECTION CHECKLIST

Unit ID: CAR Location: P & B DEPARTMENT

COMPONENTS/ITEMS TO CHECK	PROBLEMS OBSERVED	MAINTENANCE/REPAIRS NECESSARY		ACTION
Truck/equipment	Leaks/spills	Yes	<u>No</u>	<input type="checkbox"/> Clean spill, repair leak, capture fluids in drip pan
Salt/sand spreader	Improper amounts of product applied	Yes	No	<input type="checkbox"/> Recalibrate
Lawn care equipment	Improper operation	Yes	No	<input type="checkbox"/> Inspect/repair

Date of Inspection 10-19-18

Name 

Frequency _____

VEHICLE AND EQUIPMENT MAINTENANCE/STORAGE AREA INSPECTION CHECKLIST

Unit ID: TRUCK Location: P: B DEPARTMENT

COMPONENTS/ITEMS TO CHECK	PROBLEMS OBSERVED	MAINTENANCE/REPAIRS NECESSARY		ACTION
Truck/equipment	Leaks/spills	Yes	<u>No</u>	<input type="checkbox"/> Clean spill, repair leak, capture fluids in drip pan
Salt/sand spreader	Improper amounts of product applied	Yes	No	<input type="checkbox"/> Recalibrate
Lawn care equipment	Improper operation	Yes	No	<input type="checkbox"/> Inspect/repair

Date of Inspection 12-13-18

Name 

Frequency _____

VEHICLE AND EQUIPMENT MAINTENANCE/STORAGE AREA INSPECTION CHECKLIST

Unit ID: CAR Location: P-1 B DEPARTMENT

COMPONENTS/ITEMS TO CHECK	PROBLEMS OBSERVED	MAINTENANCE/REPAIRS NECESSARY		ACTION
Truck/equipment	Leaks/spills	Yes	<u>No</u>	<input type="checkbox"/> Clean spill, repair leak, capture fluids in drip pan
Salt/sand spreader	Improper amounts of product applied	Yes	No	<input type="checkbox"/> Recalibrate
Lawn care equipment	Improper operation	Yes	No	<input type="checkbox"/> Inspect/repair

Date of Inspection 12-13-18

Name 

Frequency _____

VEHICLE AND EQUIPMENT MAINTENANCE/STORAGE AREA INSPECTION CHECKLIST

Unit ID: TRUCK Location: P & B DEPARTMENT

COMPONENTS/ITEMS TO CHECK	PROBLEMS OBSERVED	MAINTENANCE/REPAIRS NECESSARY		ACTION
Truck/equipment	Leaks/spills	Yes	<u>No</u>	<input type="checkbox"/> Clean spill, repair leak, capture fluids in drip pan
Salt/sand spreader	Improper amounts of product applied	Yes	No	<input type="checkbox"/> Recalibrate
Lawn care equipment	Improper operation	Yes	No	<input type="checkbox"/> Inspect/repair

Date of Inspection 2-20-19

Name 

Frequency _____

VEHICLE AND EQUIPMENT MAINTENANCE/STORAGE AREA INSPECTION CHECKLIST

Unit ID: CAR Location: P 3 B DEPARTMENT

COMPONENTS/ITEMS TO CHECK	PROBLEMS OBSERVED	MAINTENANCE/REPAIRS NECESSARY		ACTION
Truck/equipment	Leaks/spills	Yes	<u>No</u>	<input type="checkbox"/> Clean spill, repair leak, capture fluids in drip pan
Salt/sand spreader	Improper amounts of product applied	Yes	No	<input type="checkbox"/> Recalibrate
Lawn care equipment	Improper operation	Yes	No	<input type="checkbox"/> Inspect/repair

Date of Inspection 2-20-19

Name *M. W. [Signature]*

Frequency _____

VEHICLE AND EQUIPMENT MAINTENANCE/STORAGE AREA INSPECTION CHECKLIST

Unit ID: MAYOR'S VEHICLE Location: CITY HALL

COMPONENTS/ITEMS TO CHECK	PROBLEMS OBSERVED	MAINTENANCE/REPAIRS NECESSARY		ACTION
Truck/equipment	Leaks/spills	Yes	<u>No</u>	<input type="checkbox"/> Clean spill, repair leak, capture fluids in drip pan
Salt/sand spreader	Improper amounts of product applied	Yes	No	<input type="checkbox"/> Recalibrate
Lawn care equipment	Improper operation	Yes	No	<input type="checkbox"/> Inspect/repair

Date of Inspection 4-9-18

Name 

Frequency _____

VEHICLE AND EQUIPMENT MAINTENANCE/STORAGE AREA INSPECTION CHECKLIST

Unit ID: SPARE VEHICLE Location: CITY HALL

COMPONENTS/ITEMS TO CHECK	PROBLEMS OBSERVED	MAINTENANCE/REPAIRS NECESSARY		ACTION
Truck/equipment	Leaks/spills	Yes	<u>No</u>	<input type="checkbox"/> Clean spill, repair leak, capture fluids in drip pan
Salt/sand spreader	Improper amounts of product applied	Yes	No	<input type="checkbox"/> Recalibrate
Lawn care equipment	Improper operation	Yes	No	<input type="checkbox"/> Inspect/repair

Date of Inspection 4-9-18

Name 

Frequency _____

VEHICLE AND EQUIPMENT MAINTENANCE/STORAGE AREA INSPECTION CHECKLIST

Unit ID: MAYOR'S VEHICLE Location: CITY HALL

COMPONENTS/ITEMS TO CHECK	PROBLEMS OBSERVED	MAINTENANCE/REPAIRS NECESSARY		ACTION
Truck/equipment	Leaks/spills	Yes	<u>No</u>	<input type="checkbox"/> Clean spill, repair leak, capture fluids in drip pan
Salt/sand spreader	Improper amounts of product applied	Yes	No	<input type="checkbox"/> Recalibrate
Lawn care equipment	Improper operation	Yes	No	<input type="checkbox"/> Inspect/repair

Date of Inspection 6-21-18

Name 

Frequency _____

VEHICLE AND EQUIPMENT MAINTENANCE/STORAGE AREA INSPECTION CHECKLIST

Unit ID: SPARE VEHICLE Location: CITY HALL

COMPONENTS/ITEMS TO CHECK	PROBLEMS OBSERVED	MAINTENANCE/REPAIRS NECESSARY		ACTION
Truck/equipment	Leaks/spills	Yes	<u>No</u>	<input type="checkbox"/> Clean spill, repair leak, capture fluids in drip pan
Salt/sand spreader	Improper amounts of product applied	Yes	No	<input type="checkbox"/> Recalibrate
Lawn care equipment	Improper operation	Yes	No	<input type="checkbox"/> Inspect/repair

Date of Inspection 6-21-18

Name 

Frequency _____

VEHICLE AND EQUIPMENT MAINTENANCE/STORAGE AREA INSPECTION CHECKLIST

Unit ID: MAYOR'S VEHICLE Location: CITY HALL

COMPONENTS/ITEMS TO CHECK	PROBLEMS OBSERVED	MAINTENANCE/REPAIRS NECESSARY		ACTION
Truck/equipment	Leaks/spills	Yes	<u>No</u>	<input type="checkbox"/> Clean spill, repair leak, capture fluids in drip pan
Salt/sand spreader	Improper amounts of product applied	Yes	No	<input type="checkbox"/> Recalibrate
Lawn care equipment	Improper operation	Yes	No	<input type="checkbox"/> Inspect/repair

Date of Inspection 8-14-18

Name 

Frequency _____

VEHICLE AND EQUIPMENT MAINTENANCE/STORAGE AREA INSPECTION CHECKLIST

Unit ID: SPARE VEHICLE Location: CITY HALL

COMPONENTS/ITEMS TO CHECK	PROBLEMS OBSERVED	MAINTENANCE/REPAIRS NECESSARY		ACTION
Truck/equipment	Leaks/spills	Yes	<u>No</u>	<input type="checkbox"/> Clean spill, repair leak, capture fluids in drip pan
Salt/sand spreader	Improper amounts of product applied	Yes	No	<input type="checkbox"/> Recalibrate
Lawn care equipment	Improper operation	Yes	No	<input type="checkbox"/> Inspect/repair

Date of Inspection 8-14-18

Name 

Frequency _____

VEHICLE AND EQUIPMENT MAINTENANCE/STORAGE AREA INSPECTION CHECKLIST

Unit ID: MAYOR'S VEHICLE Location: CITY HALL

COMPONENTS/ITEMS TO CHECK	PROBLEMS OBSERVED	MAINTENANCE/REPAIRS NECESSARY		ACTION
Truck/equipment	Leaks/spills	Yes	<u>No</u>	<input type="checkbox"/> Clean spill, repair leak, capture fluids in drip pan
Salt/sand spreader	Improper amounts of product applied	Yes	No	<input type="checkbox"/> Recalibrate
Lawn care equipment	Improper operation	Yes	No	<input type="checkbox"/> Inspect/repair

Date of Inspection 10-19-18

Name 

Frequency _____

VEHICLE AND EQUIPMENT MAINTENANCE/STORAGE AREA INSPECTION CHECKLIST

Unit ID: SPARE VEHICLE Location: CITY HALL

COMPONENTS/ITEMS TO CHECK	PROBLEMS OBSERVED	MAINTENANCE/REPAIRS NECESSARY		ACTION
Truck/equipment	Leaks/spills	Yes	<input checked="" type="radio"/> No	<input type="checkbox"/> Clean spill, repair leak, capture fluids in drip pan
Salt/sand spreader	Improper amounts of product applied	Yes	No	<input type="checkbox"/> Recalibrate
Lawn care equipment	Improper operation	Yes	No	<input type="checkbox"/> Inspect/repair

Date of Inspection 10-19-18

Name 

Frequency _____

VEHICLE AND EQUIPMENT MAINTENANCE/STORAGE AREA INSPECTION CHECKLIST

Unit ID: MAYOR'S VEHICLE Location: CITY HALL

COMPONENTS/ITEMS TO CHECK	PROBLEMS OBSERVED	MAINTENANCE/REPAIRS NECESSARY		ACTION
Truck/equipment	Leaks/spills	Yes	<u>No</u>	<input type="checkbox"/> Clean spill, repair leak, capture fluids in drip pan
Salt/sand spreader	Improper amounts of product applied	Yes	No	<input type="checkbox"/> Recalibrate
Lawn care equipment	Improper operation	Yes	No	<input type="checkbox"/> Inspect/repair

Date of Inspection 12-13-18

Name 

Frequency _____

VEHICLE AND EQUIPMENT MAINTENANCE/STORAGE AREA INSPECTION CHECKLIST

Unit ID: SPARE VEHICLE Location: CITY HALL

COMPONENTS/ITEMS TO CHECK	PROBLEMS OBSERVED	MAINTENANCE/REPAIRS NECESSARY		ACTION
Truck/equipment	Leaks/spills	Yes	<u>No</u>	<input type="checkbox"/> Clean spill, repair leak, capture fluids in drip pan
Salt/sand spreader	Improper amounts of product applied	Yes	No	<input type="checkbox"/> Recalibrate
Lawn care equipment	Improper operation	Yes	No	<input type="checkbox"/> Inspect/repair

Date of Inspection 12-13-18

Name 

Frequency _____

VEHICLE AND EQUIPMENT MAINTENANCE/STORAGE AREA INSPECTION CHECKLIST

Unit ID: MAYOR'S VEHICLE Location: CITY HALL

COMPONENTS/ITEMS TO CHECK	PROBLEMS OBSERVED	MAINTENANCE/REPAIRS NECESSARY		ACTION
Truck/equipment	Leaks/spills	Yes	<u>No</u>	<input type="checkbox"/> Clean spill, repair leak, capture fluids in drip pan
Salt/sand spreader	Improper amounts of product applied	Yes	No	<input type="checkbox"/> Recalibrate
Lawn care equipment	Improper operation	Yes	No	<input type="checkbox"/> Inspect/repair

Date of Inspection 2-20-19

Name 

Frequency _____

VEHICLE AND EQUIPMENT MAINTENANCE/STORAGE AREA INSPECTION CHECKLIST

Unit ID: SPARE VEHICLE Location: CITY HALL

COMPONENTS/ITEMS TO CHECK	PROBLEMS OBSERVED	MAINTENANCE/REPAIRS NECESSARY		ACTION
Truck/equipment	Leaks/spills	Yes	<u>No</u>	<input type="checkbox"/> Clean spill, repair leak, capture fluids in drip pan
Salt/sand spreader	Improper amounts of product applied	Yes	No	<input type="checkbox"/> Recalibrate
Lawn care equipment	Improper operation	Yes	No	<input type="checkbox"/> Inspect/repair

Date of Inspection 2-20-19

Name 

Frequency _____

CITY OF JACKSONVILLE

VEHICLE CHECK - REPAIR REQUEST

VEHICLE: 400 DATE: 4/18
 EMPLOYEE: Stanley Carr MILEAGE: _____
 AIR FILTER # _____ OIL FILTER: _____
 GREASED: _____

CONDITION

ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.
Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Exhaust Sys	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Doors	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mirrors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Head Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Clutch	<input type="checkbox"/>	<input type="checkbox"/>
Glass	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Parking Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gauges	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Battery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tail Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Engine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stop Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fluid Levels	<input checked="" type="checkbox"/>	<input type="checkbox"/>
W'shield Wipers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Back-up Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Seat Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turn Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tires / Spare	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Other Items:</i>		
4-Way Flashers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wheels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fire Extinguisher	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transmission	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Emerg Brake	<input checked="" type="checkbox"/>	<input type="checkbox"/>	First Aid Kit	<input type="checkbox"/>	<input type="checkbox"/>
Brakes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Body	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reflector / Flares	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS: _____

Maintenance/Repairs made on items: _____

By: Stanley Carr

Date: 4-18

CITY OF JACKSONVILLE

VEHICLE CHECK - REPAIR REQUEST

VEHICLE: 400 DATE: 5/18
 EMPLOYEE: Stanley Carr MILEAGE: _____
 AIR FILTER # _____ OIL FILTER: _____
 GREASED: _____

CONDITION

ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.
Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Exhaust Sys	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Doors	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mirrors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Head Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Clutch	<input type="checkbox"/>	<input type="checkbox"/>
Glass	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Parking Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gauges	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Battery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tail Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Engine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stop Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fluid Levels	<input checked="" type="checkbox"/>	<input type="checkbox"/>
W'shield Wipers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Back-up Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Seat Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turn Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tires / Spare	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other Items:		
4-Way Flashers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wheels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fire Extinguisher	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transmission	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Emerg Brake	<input checked="" type="checkbox"/>	<input type="checkbox"/>	First Aid Kit	<input type="checkbox"/>	<input type="checkbox"/>
Brakes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Body	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reflector / Flares	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS: _____

Maintenance/Repairs made on items: _____

By: Stanley Carr

Date: 5-18

CITY OF JACKSONVILLE

VEHICLE CHECK - REPAIR REQUEST

VEHICLE: 400 DATE: _____
 EMPLOYEE: Stanley Carr MILEAGE: _____
 AIR FILTER # _____ OIL FILTER: _____
 GREASED _____

CONDITION

ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.
Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Exhaust Sys	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Doors	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mirrors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Head Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Clutch	<input type="checkbox"/>	<input type="checkbox"/>
Glass	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Parking Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gauges	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Battery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tail Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Engine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stop Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fluid Levels	<input checked="" type="checkbox"/>	<input type="checkbox"/>
W'shield Wipers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Back-up Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Seat Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turn Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tires / Spare	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Other Items:</i>		
4-Way Flashers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wheels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fire Extinguisher	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transmission	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Emerg Brake	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Electrical Kit	<input type="checkbox"/>	<input type="checkbox"/>
Brakes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Body	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reflector / Flares	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS: _____

Maintenance/Repairs made on items: _____

By: Stanley Carr

Date: 1-18

CITY OF JACKSONVILLE

VEHICLE CHECK - REPAIR REQUEST

VEHICLE: 400 DATE: _____
 EMPLOYEE: Stanley Carr MILEAGE: _____
 AIR FILTER # _____ OIL FILTER: _____
 GREASED _____

CONDITION

ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.
Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Exhaust Sys	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Doors	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mirrors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Head Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Clutch	<input type="checkbox"/>	<input type="checkbox"/>
Glass	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Parking Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gauges	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Battery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tail Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Engine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stop Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fluid Levels	<input checked="" type="checkbox"/>	<input type="checkbox"/>
W'shield Wipers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Back-up Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Seat Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turn Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tires / Spare	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other Items:		
4-Way Flashers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wheels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fire Extinguisher	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transmission	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Emerg Brake	<input checked="" type="checkbox"/>	<input type="checkbox"/>	First Aid Kit	<input type="checkbox"/>	<input type="checkbox"/>
Brakes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Body	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reflector / Flares	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS: _____

Maintenance/Repairs made on items: _____

By: Stanley Carr

Date: 7-18

CITY OF JACKSONVILLE

VEHICLE CHECK - REPAIR REQUEST

VEHICLE: 400 DATE: _____
 EMPLOYEE: Stanley Carr MILEAGE: _____
 AIR FILTER # _____ OIL FILTER: _____
 GREASED _____

CONDITION

ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.
Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Exhaust Sys	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Doors	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mirrors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Head Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Clutch	<input type="checkbox"/>	<input type="checkbox"/>
Glass	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Parking Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gauges	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Battery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tail Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Engine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stop Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fluid Levels	<input checked="" type="checkbox"/>	<input type="checkbox"/>
W'shield Wipers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Back-up Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Seat Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turn Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tires / Spare	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Other Items:</i>		
4-Way Flashers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wheels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fire Extinguisher	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transmission	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Emerg Brake	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Electrical Kit	<input type="checkbox"/>	<input type="checkbox"/>
Brakes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Body	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reflector / Flares	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS: _____

Maintenance/Repairs made on items: _____

By: Stanley Carr Date: 8-18

CITY OF JACKSONVILLE

VEHICLE CHECK - REPAIR REQUEST

VEHICLE: 400 DATE: _____
 EMPLOYEE: Stanley Carr MILEAGE: _____
 AIR FILTER # _____ OIL FILTER: _____
 GREASED _____

CONDITION

ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.
Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Exhaust Sys	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Doors	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mirrors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Head Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Clutch	<input type="checkbox"/>	<input type="checkbox"/>
Glass	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Parking Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gauges	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Battery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tail Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Engine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stop Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fluid Levels	<input checked="" type="checkbox"/>	<input type="checkbox"/>
W'shield Wipers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Back-up Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Seat Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turn Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tires / Spare	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other Items:		
4-Way Flashers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wheels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fire Extinguisher	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transmission	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Emerg Brake	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Electrical Kit	<input type="checkbox"/>	<input type="checkbox"/>
Brakes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Body	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reflector / Flares	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS: _____

Maintenance/Repairs made on items: _____

By: Stanley Carr Date: 9-18

CITY OF JACKSONVILLE

VEHICLE CHECK - REPAIR REQUEST

VEHICLE: 400 DATE: _____
 EMPLOYEE: Stanley Carr MILEAGE: _____
 AIR FILTER # _____ OIL FILTER: _____
 GREASED _____

CONDITION

ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.
Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Exhaust Sys	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Doors	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mirrors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Head Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Clutch	<input type="checkbox"/>	<input type="checkbox"/>
Glass	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Parking Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gauges	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Battery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tail Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Engine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stop Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fluid Levels	<input checked="" type="checkbox"/>	<input type="checkbox"/>
W'shield Wipers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Back-up Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Seat Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turn Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tires / Spare	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other Items:		
4-Way Flashers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wheels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fire Extinguisher	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transmission	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Emerg Brake	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Electrical Kit	<input type="checkbox"/>	<input type="checkbox"/>
Brakes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Body	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reflector / Flares	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS: _____

Maintenance/Repairs made on items: _____

By: Stanley Carr Date: 10-18

CITY OF JACKSONVILLE

VEHICLE CHECK - REPAIR REQUEST

VEHICLE: 400 DATE: _____
 EMPLOYEE: Stanley Carr MILEAGE: _____
 AIR FILTER # _____ OIL FILTER: _____
 GREASED _____

CONDITION

ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.
Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Exhaust Sys	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Doors	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mirrors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Head Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Clutch	<input type="checkbox"/>	<input type="checkbox"/>
Glass	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Parking Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gauges	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Battery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tail Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Engine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stop Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fluid Levels	<input checked="" type="checkbox"/>	<input type="checkbox"/>
W'shield Wipers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Back-up Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Seat Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turn Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tires / Spare	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other Items:		
4-Way Flashers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wheels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fire Extinguisher	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transmission	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Emerg Brake	<input checked="" type="checkbox"/>	<input type="checkbox"/>	First Aid Kit	<input type="checkbox"/>	<input type="checkbox"/>
Brakes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Body	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reflector / Flares	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS: _____

Maintenance/Repairs made on items: _____

By: Stanley Carr Date: 11-18

CITY OF JACKSONVILLE

VEHICLE CHECK - REPAIR REQUEST

VEHICLE: 400 DATE: _____
 EMPLOYEE: Stanley Carr MILEAGE: _____
 AIR FILTER # _____ OIL FILTER: _____
 GREASED _____

CONDITION

ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.
Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Exhaust Sys	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Doors	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mirrors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Head Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Clutch	<input type="checkbox"/>	<input type="checkbox"/>
Glass	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Parking Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gauges	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Battery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tail Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Engine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stop Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fluid Levels	<input checked="" type="checkbox"/>	<input type="checkbox"/>
W'shield Wipers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Back-up Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Seat Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turn Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tires / Spare	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Other Items:</i>		
4-Way Flashers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wheels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fire Extinguisher	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transmission	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Emerg Brake	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Electrical Kit	<input type="checkbox"/>	<input type="checkbox"/>
Brakes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Body	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reflector / Flares	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS: _____

Maintenance/Repairs made on items: _____

By: Stanley Carr Date: 12-18

CITY OF JACKSONVILLE

VEHICLE CHECK - REPAIR REQUEST

VEHICLE: 400 DATE: _____
 EMPLOYEE: Stanley Carr MILEAGE: _____
 AIR FILTER # _____ OIL FILTER: _____
 GREASED _____

CONDITION

ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.
Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Exhaust Sys	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Doors	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mirrors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Head Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Clutch	<input type="checkbox"/>	<input type="checkbox"/>
Glass	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Parking Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gauges	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Battery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tail Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Engine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stop Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fluid Levels	<input checked="" type="checkbox"/>	<input type="checkbox"/>
W'shield Wipers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Back-up Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Seat Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turn Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tires / Spare	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other Items:		
4-Way Flashers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wheels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fire Extinguisher	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transmission	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Emerg Brake	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Electrical Kit	<input type="checkbox"/>	<input type="checkbox"/>
Brakes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Body	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reflector / Flares	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS: _____

Maintenance/Repairs made on items: _____

By: Stanley Carr Date: 1-19

CITY OF JACKSONVILLE

VEHICLE CHECK - REPAIR REQUEST

VEHICLE: 400 DATE: _____
 EMPLOYEE: Stanley Carr MILEAGE: _____
 AIR FILTER # _____ OIL FILTER: _____
 GREASED _____

CONDITION

ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.
Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Exhaust Sys	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Doors	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mirrors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Head Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Clutch	<input type="checkbox"/>	<input type="checkbox"/>
Glass	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Parking Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gauges	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Battery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tail Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Engine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stop Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fluid Levels	<input checked="" type="checkbox"/>	<input type="checkbox"/>
W'shield Wipers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Back-up Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Seat Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turn Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tires / Spare	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Other Items:</i>		
4-Way Flashers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wheels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fire Extinguisher	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transmission	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Emerg Brake	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Electrical Kit	<input type="checkbox"/>	<input type="checkbox"/>
Brakes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Body	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reflector / Flares	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS: _____

Maintenance/Repairs made on items: _____

By: Stanley Carr Date: 7-19

CITY OF JACKSONVILLE

VEHICLE CHECK - REPAIR REQUEST

VEHICLE: 400 DATE: _____
 EMPLOYEE: Stanley Carr MILEAGE: _____
 AIR FILTER # _____ OIL FILTER: _____
 GREASED _____

CONDITION

ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.
Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Exhaust Sys	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Doors	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mirrors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Head Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Clutch	<input type="checkbox"/>	<input type="checkbox"/>
Glass	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Parking Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gauges	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Battery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tail Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Engine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stop Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fluid Levels	<input checked="" type="checkbox"/>	<input type="checkbox"/>
W'shield Wipers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Back-up Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Seat Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turn Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tires / Spare	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Other Items:</i>		
4-Way Flashers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wheels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fire Extinguisher	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transmission	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Emerg Brake	<input checked="" type="checkbox"/>	<input type="checkbox"/>	First Aid Kit	<input type="checkbox"/>	<input type="checkbox"/>
Brakes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Body	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reflector / Flares	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS: _____

Maintenance/Repairs made on items: _____

By: Stanley Carr Date: 3-19

CITY OF JACKSONVILLE

VEHICLE CHECK - REPAIR REQUEST

VEHICLE: 405 DATE: MAY
 EMPLOYEE: Chris Proper MILEAGE: _____
 AIR FILTER #: _____ OIL FILTER: _____
 GREASED: _____

CONDITION

ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.
Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Exhaust Sys	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Doors	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mirrors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Head Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Clutch	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Glass	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Parking Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gauges	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Battery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tail Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Engine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stop Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fluid Levels	<input checked="" type="checkbox"/>	<input type="checkbox"/>
W'shield Wipers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Back-up Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Seat Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turn Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tires / Spare	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Other Items:</i>		
4-Way Flashers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wheels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fire Extinguisher	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transmission	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Emerg Brake	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Electrical Kit	<input type="checkbox"/>	<input type="checkbox"/>
Brakes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Body	<input type="checkbox"/>	<input type="checkbox"/>	Reflector / Flares	<input checked="" type="checkbox"/>	<input type="checkbox"/>

REMARKS: _____

Maintenance/Repairs made on items: _____

By: Chris Proper

CITY OF JACKSONVILLE

VEHICLE CHECK - REPAIR REQUEST

VEHICLE: 405 DATE: June
 EMPLOYEE: Chris Proper MILEAGE: _____
 AIR FILTER # _____ OIL FILTER: _____
 GREASED: _____

CONDITION

ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.
Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Exhaust Sys	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Doors	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mirrors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Head Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Clutch	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Glass	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Parking Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gauges	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Battery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tail Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Engine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stop Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fluid Levels	<input checked="" type="checkbox"/>	<input type="checkbox"/>
W'shield Wipers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Back-up Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Seat Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turn Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tires / Spare	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other Items:		
4-Way Flashers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wheels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fire Extinguisher	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transmission	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Emerg Brake	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Electrical Kit	<input type="checkbox"/>	<input type="checkbox"/>
Brakes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Body	<input type="checkbox"/>	<input type="checkbox"/>	Reflector / Flares	<input checked="" type="checkbox"/>	<input type="checkbox"/>

REMARKS: _____

Maintenance/Repairs made on items: _____

By: Chris Proper

CITY OF JACKSONVILLE

VEHICLE CHECK - REPAIR REQUEST

VEHICLE: 405 DATE: Nov
 EMPLOYEE: Chris Proopes MILEAGE: _____
 AIR FILTER # _____ OIL FILTER: _____
 GREASED _____

CONDITION

ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.
Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Exhaust Sys	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Doors	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mirrors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Head Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Clutch	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Glass	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Parking Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gauges	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Battery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tail Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Engine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stop Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fluid Levels	<input checked="" type="checkbox"/>	<input type="checkbox"/>
W'shield Wipers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Back-up Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Seat Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turn Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tires / Spare	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Other Items:</i>		
4-Way Flashers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wheels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fire Extinguisher	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transmission	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Emerg Brake	<input checked="" type="checkbox"/>	<input type="checkbox"/>	First Aid Kit	<input type="checkbox"/>	<input type="checkbox"/>
Brakes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Body	<input type="checkbox"/>	<input type="checkbox"/>	Reflector / Flares	<input checked="" type="checkbox"/>	<input type="checkbox"/>

REMARKS: _____

 Maintenance/Repairs made on items: _____

By: Chris Proopes

CITY OF JACKSONVILLE

VEHICLE CHECK - REPAIR REQUEST

VEHICLE: 405 DATE: Dec
 EMPLOYEE: Chris Prooper MILEAGE: _____
 AIR FILTER # _____ OIL FILTER: _____
 GREASED: _____

CONDITION

ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.
Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Exhaust Sys	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Doors	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mirrors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Head Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Clutch	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Glass	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Parking Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gauges	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Battery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tail Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Engine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stop Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fluid Levels	<input checked="" type="checkbox"/>	<input type="checkbox"/>
W'shield Wipers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Back-up Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Seat Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turn Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tires / Spare	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Other Items:</i>		
4-Way Flashers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wheels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fire Extinguisher	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transmission	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Emerg Brake	<input checked="" type="checkbox"/>	<input type="checkbox"/>	First Aid Kit	<input type="checkbox"/>	<input type="checkbox"/>
Brakes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Body	<input type="checkbox"/>	<input type="checkbox"/>	Reflector / Flares	<input checked="" type="checkbox"/>	<input type="checkbox"/>

REMARKS: _____

Maintenance/Repairs made on items: _____

By: Chris Prooper

Date: _____

CITY OF JACKSONVILLE

VEHICLE CHECK - REPAIR REQUEST

VEHICLE: 405 DATE: March
 EMPLOYEE: Chris Proper MILEAGE: _____
 AIR FILTER # _____ OIL FILTER: _____
 GREASED: _____

CONDITION

ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.
Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Exhaust Sys	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Doors	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mirrors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Head Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Clutch	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Glass	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Parking Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gauges	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Battery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tail Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Engine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stop Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fluid Levels	<input checked="" type="checkbox"/>	<input type="checkbox"/>
W'shield Wipers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Back-up Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Seat Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turn Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tires / Spare	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Other Items:</i>		
4-Way Flashers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wheels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fire Extinguisher	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transmission	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Emerg Brakes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	First Aid Kit	<input type="checkbox"/>	<input type="checkbox"/>
Brakes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Body	<input type="checkbox"/>	<input type="checkbox"/>	Reflector / Flares	<input checked="" type="checkbox"/>	<input type="checkbox"/>

REMARKS: _____

Maintenance/Repairs made on items: _____

By: Chris Proper

Date: _____

CITY OF JACKSONVILLE

VEHICLE CHECK - REPAIR REQUEST

VEHICLE: 4106 DATE: 9/2018
 EMPLOYEE: _____ MILEAGE: _____
 AIR FILTER # _____ OIL FILTER: _____
 GREASED: _____

CONDITION

ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.
Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Exhaust Sys	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Doors	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mirrors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Head Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Clutch	<input type="checkbox"/>	<input type="checkbox"/>
Glass	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Parking Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gauges	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Battery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tail Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Engine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stop Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fluid Levels	<input checked="" type="checkbox"/>	<input type="checkbox"/>
W'shield Wipers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Back-up Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Seat Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turn Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tires / Spare	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other Items:		
4-Way Flashers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wheels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fire Extinguisher	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transmission	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Emerg Brakes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	First Aid Kit	<input type="checkbox"/>	<input type="checkbox"/>
Brakes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Body	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reflector / Flares	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS: _____

Maintenance/Repairs made on items: _____

By: [Signature]

Date: _____

CITY OF JACKSONVILLE

VEHICLE CHECK - REPAIR REQUEST

VEHICLE: 21060 DATE: 1/2019
 EMPLOYEE: _____ MILEAGE: _____
 AIR FILTER # _____ OIL FILTER: _____
 GREASED: _____

CONDITION

ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.
Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Exhaust Sys	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Doors	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mirrors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Head Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Clutch	<input type="checkbox"/>	<input type="checkbox"/>
Glass	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Parking Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gauges	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Battery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tail Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Belts	<input type="checkbox"/>	<input type="checkbox"/>
Engine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stop Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fluid Levels	<input checked="" type="checkbox"/>	<input type="checkbox"/>
W/shield Wipers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Back-up Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Seat Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turn Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tires / Spare	<input type="checkbox"/>	<input type="checkbox"/>	Other Items:		
4-Way Flashers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wheels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fire Extinguisher	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transmission	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Emerg Brakes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	First Aid Kit	<input type="checkbox"/>	<input type="checkbox"/>
Brakes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Body	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reflector / Flares	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS: _____

Maintenance/Repairs made on items: _____

By: *[Signature]*

Date: _____

CITY OF JACKSONVILLE

VEHICLE CHECK - REPAIR REQUEST

VEHICLE: 4060 DATE: 2-2019
 EMPLOYEE: _____ MILEAGE: _____
 AIR FILTER # _____ OIL FILTER: _____
 GREASED: _____

CONDITION

ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.
Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Exhaust Sys	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Doors	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mirrors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Head Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Clutch	<input type="checkbox"/>	<input type="checkbox"/>
Glass	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Parking Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gauges	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Battery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tail Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Engine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stop Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fluid Levels	<input checked="" type="checkbox"/>	<input type="checkbox"/>
W'shield Wipers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Back-up Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Seat Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turn Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tires / Spare	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other Items:		
4-Way Flashers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wheels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fire Extinguisher	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transmission	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Emerg Brakes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	First Aid Kit	<input type="checkbox"/>	<input type="checkbox"/>
Brakes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Body	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reflector / Flares	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS: _____

Maintenance/Repairs made on items: _____

By: [Signature]

Date: _____

CITY OF JACKSONVILLE

VEHICLE CHECK - REPAIR REQUEST

VEHICLE: 410 DATE: 5-18
 EMPLOYEE: Dustin Brown MILEAGE: _____
 AIR FILTER # _____ OIL FILTER: _____
 GREASED: _____

CONDITION

ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.
Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Exhaust Sys	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Doors	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mirrors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Head Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Check	<input type="checkbox"/>	<input type="checkbox"/>
Glass	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Parking Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gauges	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Battery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tail Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Engine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stop Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fluid Levels	<input checked="" type="checkbox"/>	<input type="checkbox"/>
W'shield Wipers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Back-up Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Seat Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turn Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tires / Spare	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other Items:		
4-Way Flashers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wheels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fire Extinguisher	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transmission	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Emerg Brake	<input checked="" type="checkbox"/>	<input type="checkbox"/>	First Aid Kit	<input type="checkbox"/>	<input type="checkbox"/>
Brakes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Body	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reflector / Flares	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS: _____

Maintenance/Repairs made on items: _____

By: Dustin Brown

Date: _____

CITY OF JACKSONVILLE

VEHICLE CHECK - REPAIR REQUEST

VEHICLE: 410 DATE: 6-18
 EMPLOYEE: Dustin Brown MILEAGE: _____
 AIR FILTER # _____ OIL FILTER: _____
 GREASED: _____

CONDITION

ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.
Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Exhaust Sys	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Doors	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mirrors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Head Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Clutch	<input type="checkbox"/>	<input type="checkbox"/>
Glass	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Parking Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gauges	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Battery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tail Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Engine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stop Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fluid Levels	<input checked="" type="checkbox"/>	<input type="checkbox"/>
W'shield Wipers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Back-up Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Seat Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turn Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tires / Spare	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Other Items:</i>		
4-Way Flashers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wheels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fire Extinguisher	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transmission	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Emerg Brakes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Electrical Kit	<input type="checkbox"/>	<input type="checkbox"/>
Brakes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Body	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reflector / Flares	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS: _____

Maintenance/Repairs made on items: _____

By: *Dustin Brown*

Date: _____

CITY OF JACKSONVILLE

VEHICLE CHECK - REPAIR REQUEST

VEHICLE: 410 DATE: 7 - 18
 EMPLOYEE: Dustin Brown MILEAGE: _____
 AIR FILTER # _____ OIL FILTER: _____
 GREASED: _____

CONDITION

ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.
Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Exhaust Sys	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Doors	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mirrors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Head Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Clutch	<input type="checkbox"/>	<input type="checkbox"/>
Glass	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Parking Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gauges	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Battery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tail Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Engine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stop Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fluid Levels	<input checked="" type="checkbox"/>	<input type="checkbox"/>
W'shield Wipers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Back-up Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Seat Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turn Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tires / Spare	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other Items:		
4-Way Flashers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wheels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fire Extinguisher	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transmission	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Emerg Brake	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Elect Aid Kit	<input type="checkbox"/>	<input type="checkbox"/>
Brakes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Body	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reflector / Flares	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS: _____

Maintenance/Repairs made on items: _____

By: Dustin Brown

Date: _____

CITY OF JACKSONVILLE

VEHICLE CHECK - REPAIR REQUEST

VEHICLE: 410 DATE: 8-18
 EMPLOYEE: DUSTIN BROWN MILEAGE: _____
 AIR FILTER # _____ OIL FILTER: _____
 GREASED: _____

CONDITION

ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.
Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Exhaust Sys	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Doors	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mirrors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Head Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Clutch	<input type="checkbox"/>	<input type="checkbox"/>
Glass	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Parking Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gauges	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Battery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tail Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Engine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stop Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fluid Levels	<input checked="" type="checkbox"/>	<input type="checkbox"/>
W'shield Wipers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Back-up Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Seat Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turn Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tires / Spare	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other Items:		
4-Way Flashers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wheels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fire Extinguisher	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transmission	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Emerg Brake	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Electrical Kit	<input type="checkbox"/>	<input type="checkbox"/>
Brakes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Body	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reflector / Flares	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS: _____

Maintenance/Repairs made on items: _____

By: Dustin Brown

Date: _____

CITY OF JACKSONVILLE

VEHICLE CHECK - REPAIR REQUEST

VEHICLE: 410 DATE: 9-18
 EMPLOYEE: Dustin Brown MILEAGE: _____
 AIR FILTER # _____ OIL FILTER: _____
 GREASED: _____

CONDITION

ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.
Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Exhaust Sys	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Doors	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mirrors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Head Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Clutch	<input type="checkbox"/>	<input type="checkbox"/>
Glass	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Parking Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gauges	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Battery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tail Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Engine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stop Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fluid Levels	<input checked="" type="checkbox"/>	<input type="checkbox"/>
W'shield Wipers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Back-up Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Seat Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turn Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tires / Spare	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other Items:		
4-Way Flashers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wheels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fire Extinguisher	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transmission	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Emerg Brake	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Electrical Kit	<input type="checkbox"/>	<input type="checkbox"/>
Brakes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Body	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reflector / Flares	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS: _____

 Maintenance/Repairs made on items: _____

 By: Dustin Brown Date: _____

CITY OF JACKSONVILLE

VEHICLE CHECK - REPAIR REQUEST

VEHICLE: 410 DATE: 10 - 18
 EMPLOYEE: DUSTIN BROWN MILEAGE: _____
 AIR FILTER # _____ OIL FILTER: _____
 GREASED: _____

CONDITION

ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.
Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Exhaust Sys	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Doors	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mirrors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Head Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Clutch	<input type="checkbox"/>	<input type="checkbox"/>
Glass	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Parking Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gauges	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Battery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tail Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Engine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stop Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fluid Levels	<input checked="" type="checkbox"/>	<input type="checkbox"/>
W'shield Wipers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Back-up Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Seat Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turn Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tires / Spare	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Other Items:</i>		
4-Way Flashers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wheels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fire Extinguisher	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transmission	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Emerg Brake	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Electrical Kit	<input type="checkbox"/>	<input type="checkbox"/>
Brakes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Body	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reflector / Flares	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS: _____

Maintenance/Repairs made on items: _____

By: Dustin Brown

Date: _____

CITY OF JACKSONVILLE

VEHICLE CHECK - REPAIR REQUEST

VEHICLE: 410 DATE: 11 - 18
 EMPLOYEE: Dustin Brown MILEAGE: _____
 AIR FILTER # _____ OIL FILTER: _____
 GREASED: _____

CONDITION

ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.
Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Exhaust Sys	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Doors	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mirrors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Head Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Clutch	<input type="checkbox"/>	<input type="checkbox"/>
Glass	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Parking Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gauges	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Battery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tail Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Engine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stop Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fluid Levels	<input checked="" type="checkbox"/>	<input type="checkbox"/>
W'shield Wipers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Back-up Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Seat Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turn Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tires / Spare	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other Items:		
4-Way Flashers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wheels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fire Extinguisher	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transmission	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Emerg Brake	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Electrical Kit	<input type="checkbox"/>	<input type="checkbox"/>
Brakes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Body	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reflector / Flares	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS: _____

Maintenance/Repairs made on items: _____

By: Dustin Brown

Date: _____

CITY OF JACKSONVILLE

VEHICLE CHECK - REPAIR REQUEST

VEHICLE: 410 DATE: 12 - 18
 EMPLOYEE: DUSTIN BROWN MILEAGE: _____
 AIR FILTER # _____ OIL FILTER: _____
 GREASED: _____

CONDITION

ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.
Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Exhaust Sys	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Doors	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mirrors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Head Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Clutch	<input type="checkbox"/>	<input type="checkbox"/>
Glass	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Parking Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gauges	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Battery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tail Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Engine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stop Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fluid Levels	<input checked="" type="checkbox"/>	<input type="checkbox"/>
W'shield Wipers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Back-up Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Seat Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turn Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tires / Spare	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other Items:		
4-Way Flashers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wheels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fire Extinguisher	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transmission	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Emerg Brake	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Elect. Air Kit	<input type="checkbox"/>	<input type="checkbox"/>
Brakes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Body	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reflector / Flares	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS: _____

Maintenance/Repairs made on items: _____

By: Dustin Brown

Date: _____

CITY OF JACKSONVILLE

VEHICLE CHECK - REPAIR REQUEST

VEHICLE: 410 DATE: 1 - 19
 EMPLOYEE: Dustin Brown MILEAGE: _____
 AIR FILTER # _____ OIL FILTER: _____
 GREASED: _____

CONDITION

ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.
Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Exhaust Sys	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Doors	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mirrors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Head Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Clutch	<input type="checkbox"/>	<input type="checkbox"/>
Glass	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Parking Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gauges	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Battery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tail Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Engine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stop Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fluid Levels	<input checked="" type="checkbox"/>	<input type="checkbox"/>
W'shield Wipers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Back-up Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Seat Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turn Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tires / Spare	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other Items:		
4-Way Flashers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wheels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fire Extinguisher	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transmission	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Emerg Brake	<input checked="" type="checkbox"/>	<input type="checkbox"/>	First Aid Kit	<input type="checkbox"/>	<input type="checkbox"/>
Brakes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Body	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reflector / Flares	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS: _____

Maintenance/Repairs made on items: _____

By: Dustin Brown

Date: _____

CITY OF JACKSONVILLE

VEHICLE CHECK - REPAIR REQUEST

VEHICLE: 410 DATE: 2-19
 EMPLOYEE: Dustin Brown MILEAGE: _____
 AIR FILTER # _____ OIL FILTER: _____
 GREASED: _____

CONDITION

ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.
Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Exhaust Sys	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Doors	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mirrors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Head Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Clutch	<input type="checkbox"/>	<input type="checkbox"/>
Glass	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Parking Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gauges	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Battery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tail Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Engine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stop Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fluid Levels	<input checked="" type="checkbox"/>	<input type="checkbox"/>
W'shield Wipers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Back-up Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Seat Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turn Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tires / Spare	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other Items:		
4-Way Flashers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wheels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fire Extinguisher	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transmission	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Emerg Brake	<input checked="" type="checkbox"/>	<input type="checkbox"/>	First Aid Kit	<input type="checkbox"/>	<input type="checkbox"/>
Brakes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Body	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reflector / Flares	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS: _____

Maintenance/Repairs made on items: _____

By: Dustin Brown

Date: _____

CITY OF JACKSONVILLE

VEHICLE CHECK - REPAIR REQUEST

VEHICLE: 410 DATE: 3 - 19
 EMPLOYEE: Dustin Brown MILEAGE: _____
 AIR FILTER # _____ OIL FILTER: _____
 GREASED: _____

CONDITION

ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.
Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Exhaust Sys	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Doors	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mirrors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Head Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Clutch	<input type="checkbox"/>	<input type="checkbox"/>
Glass	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Parking Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gauges	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Battery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tail Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Engine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stop Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fluid Levels	<input checked="" type="checkbox"/>	<input type="checkbox"/>
W'shield Wipers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Back-up Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Seat Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turn Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tires / Spare	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Other Items:</i>		
4-Way Flashers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wheels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fire Extinguisher	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transmission	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Emerg Brake	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Electrical Kit	<input type="checkbox"/>	<input type="checkbox"/>
Brakes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Body	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reflector / Flares	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS: _____

Maintenance/Repairs made on items: _____

By: Dustin Brown

Date: _____

CITY OF JACKSONVILLE

VEHICLE CHECK - REPAIR REQUEST

VEHICLE: 421 DATE: April 2-2018
 EMPLOYEE: Barry Craig MILEAGE: _____
 AIR FILTER # _____ OIL FILTER: _____
 GREASED _____

CONDITION

ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.
Horn	[x]	[]	Exhaust Sys	[x]	[]	Doors	[x]	[]
Mirrors	[x]	[]	Head Lights	[x]	[]	Clutch	[x]	[]
Glass	[x]	[]	Parking Lights	[x]	[]	Gauges	[x]	[]
Battery	[x]	[]	Tail Lights	[x]	[]	Belts	[x]	[]
Engine	[x]	[]	Stop Lights	[x]	[]	Fluid Levels	[x]	[]
W'shield Wipers	[x]	[]	Back-up Lights	[x]	[]	Seat Belts	[x]	[]
Turn Signal	[x]	[]	Tires / Spare	[x]	[]	<i>Other Items:</i>		
4-Way Flashers	[x]	[]	Wheels	[x]	[]	Fire Extinguisher	[x]	[]
Transmission	[x]	[]	Emerg Brakes	[x]	[]	Electrical Kit	[]	[]
Brakes	[x]	[]	Body	[x]	[]	Reflector / Flares	[x]	[]

REMARKS: _____

Maintenance/Repairs made on items: _____

By: Barry Craig

Date: April 2, 2018

CITY OF JACKSONVILLE

VEHICLE CHECK - REPAIR REQUEST

VEHICLE: 421 DATE: MAY-1-2018
 EMPLOYEE: Barry Craig MILEAGE: _____
 AIR FILTER # _____ OIL FILTER: _____
 GREASED _____

CONDITION

ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.
Horn	[✓]	[]	Exhaust Sys	[✓]	[]	Doors	[✓]	[]
Mirrors	[✓]	[]	Head Lights	[✓]	[]	Clutch	[✓]	[]
Glass	[✓]	[]	Parking Lights	[✓]	[]	Gauges	[✓]	[]
Battery	[✓]	[]	Tail Lights	[✓]	[]	Belts	[✓]	[]
Engine	[✓]	[]	Stop Lights	[✓]	[]	Fluid Levels	[✓]	[]
W'shield Wipers	[✓]	[]	Back-up Lights	[✓]	[]	Seat Belts	[✓]	[]
Turn Signal	[✓]	[]	Tires / Spare	[✓]	[]	<i>Other Items:</i>		
4-Way Flashers	[✓]	[]	Wheels	[✓]	[]	Fire Extinguisher	[✓]	[]
Transmission	[✓]	[]	Emerg Brake	[✓]	[]	First Aid Kit	[]	[]
Brakes	[✓]	[]	Body	[✓]	[]	Reflector / Flares	[✓]	[]

REMARKS: _____

Maintenance/Repairs made on items: _____

By: Barry Craig Date: MAY 1 2018

CITY OF JACKSONVILLE

VEHICLE CHECK - REPAIR REQUEST

VEHICLE: 421 DATE: JUNE-8-2018
 EMPLOYEE: BARRY CRAIG MILEAGE: _____
 AIR FILTER # _____ OIL FILTER: _____
 GREASED _____

CONDITION

ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.
Horn	[✓]	[]	Exhaust Sys	[✓]	[]	Doors	[✓]	[]
Mirrors	[✓]	[]	Head Lights	[✓]	[]	Clutch	[✓]	[]
Glass	[✓]	[]	Parking Lights	[✓]	[]	Gauges	[✓]	[]
Battery	[✓]	[]	Tail Lights	[✓]	[]	Belts	[✓]	[]
Engine	[✓]	[]	Stop Lights	[✓]	[]	Fluid Levels	[✓]	[]
W'shield Wipers	[✓]	[]	Back-up Lights	[✓]	[]	Seat Belts	[✓]	[]
Turn Signal	[✓]	[]	Tires / Spare	[✓]	[]	<i>Other Items:</i>		
4-Way Flashers	[✓]	[]	Wheels	[✓]	[]	Fire Extinguisher	[✓]	[]
Transmission	[✓]	[]	Emerg Brake	[✓]	[]	First Aid Kit	[]	[]
Brakes	[✓]	[]	Body	[✓]	[]	Reflector / Flares	[✓]	[]

REMARKS: _____

Maintenance/Repairs made on items: _____

By: Barry Craig

Date: JUNE 8 2018

CITY OF JACKSONVILLE

VEHICLE CHECK - REPAIR REQUEST

VEHICLE: 421 DATE: July-11-2018
 EMPLOYEE: Barry Craig MILEAGE: _____
 AIR FILTER # _____ OIL FILTER: _____
 GREASED _____

CONDITION

ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.
Horn	[✓]	[]	Exhaust Sys	[✓]	[]	Doors	[✓]	[]
Mirrors	[✓]	[]	Head Lights	[✓]	[]	Clutch	[✓]	[]
Glass	[✓]	[]	Parking Lights	[✓]	[]	Gauges	[✓]	[]
Battery	[✓]	[]	Tail Lights	[✓]	[]	Belts	[✓]	[]
Engine	[✓]	[]	Stop Lights	[✓]	[]	Fluid Levels	[✓]	[]
W'shield Wipers	[✓]	[]	Back-up Lights	[✓]	[]	Seat Belts	[✓]	[]
Turn Signal	[✓]	[]	Tires / Spare	[✓]	[]	<i>Other Items:</i>		
4-Way Flashers	[✓]	[]	Wheels	[✓]	[]	Fire Extinguisher	[✓]	[]
Transmission	[✓]	[]	Emerg Brake	[✓]	[]	First Aid Kit	[]	[]
Brakes	[✓]	[]	Body	[✓]	[]	Reflector / Flares	[✓]	[]

REMARKS: _____

Maintenance/Repairs made on items: _____

By: Barry Craig Date: July 11-2018

CITY OF JACKSONVILLE

VEHICLE CHECK - REPAIR REQUEST

VEHICLE: 421 DATE: Aug - 3 - 2018
 EMPLOYEE: Barry Crain MILEAGE: _____
 AIR FILTER # _____ OIL FILTER: _____
 GREASED: _____

CONDITION

ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.
Horn	[✓]	[]	Exhaust Sys	[✓]	[]	Doors	[✓]	[]
Mirrors	[✓]	[]	Head Lights	[✓]	[]	Clutch	[✓]	[]
Glass	[✓]	[]	Parking Lights	[✓]	[]	Gauges	[✓]	[]
Battery	[✓]	[]	Tail Lights	[✓]	[]	Belts	[✓]	[]
Engine	[✓]	[]	Stop Lights	[✓]	[]	Fluid Levels	[✓]	[]
W'shield Wipers	[✓]	[]	Back-up Lights	[✓]	[]	Seat Belts	[✓]	[]
Turn Signal	[✓]	[]	Tires / Spare	[✓]	[]	Other Items:		
4-Way Flashers	[✓]	[]	Wheels	[✓]	[]	Fire Extinguisher	[✓]	[]
Transmission	[✓]	[]	Emerg Brakes	[✓]	[]	First Aid Kit	[]	[]
Brakes	[✓]	[]	Body	[✓]	[]	Reflector / Flares	[✓]	[]

REMARKS: _____

Maintenance/Repairs made on items: _____

By: Barry Crain

Date: Aug - 3 - 2018

CITY OF JACKSONVILLE

VEHICLE CHECK - REPAIR REQUEST

VEHICLE: 421 DATE: Sept-10-2018
 EMPLOYEE: Barry Crain MILEAGE: _____
 AIR FILTER # _____ OIL FILTER: _____
 GREASED: _____

CONDITION

ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.
Horn	[✓]	[]	Exhaust Sys	[✓]	[]	Doors	[✓]	[]
Mirrors	[✓]	[]	Head Lights	[✓]	[]	Clutch	[✓]	[]
Glass	[✓]	[]	Parking Lights	[✓]	[]	Gauges	[✓]	[]
Battery	[✓]	[]	Tail Lights	[✓]	[]	Belts	[✓]	[]
Engine	[✓]	[]	Stop Lights	[✓]	[]	Fluid Levels	[✓]	[]
W'shield Wipers	[✓]	[]	Back-up Lights	[✓]	[]	Seat Belts	[✓]	[]
Turn Signal	[✓]	[]	Tires / Spare	[✓]	[]	<i>Other Items:</i>		
4-Way Flashers	[✓]	[]	Wheels	[✓]	[]	Fire Extinguisher	[✓]	[]
Transmission	[✓]	[]	Emerg Brake	[✓]	[]	First Aid Kit	[]	[]
Brakes	[✓]	[]	Body	[✓]	[]	Reflector / Flares	[✓]	[]

REMARKS: _____

Maintenance/Repairs made on items: _____

By: Barry Crain

Date: SEPT-10-2018

CITY OF JACKSONVILLE

VEHICLE CHECK - REPAIR REQUEST

VEHICLE: 421 DATE: OCT-9-2018
 EMPLOYEE: BARRY CRAIG MILEAGE: _____
 AIR FILTER # _____ OIL FILTER: _____
 GREASED _____

CONDITION

ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.
Horn	[✓]	[]	Exhaust Sys	[✓]	[]	Doors	[✓]	[]
Mirrors	[✓]	[]	Head Lights	[✓]	[]	Clutch	[✓]	[]
Glass	[✓]	[]	Parking Lights	[✓]	[]	Gauges	[✓]	[]
Battery	[✓]	[]	Tail Lights	[✓]	[]	Belts	[✓]	[]
Engine	[✓]	[]	Stop Lights	[✓]	[]	Fluid Levels	[✓]	[]
W'shield Wipers	[✓]	[]	Back-up Lights	[✓]	[]	Seat Belts	[✓]	[]
Turn Signal	[✓]	[]	Tires / Spare	[✓]	[]	Other Items:		
4-Way Flashers	[✓]	[]	Wheels	[✓]	[]	Fire Extinguisher	[✓]	[]
Transmission	[✓]	[]	Emerg Brake	[✓]	[]	Electrical Kit	[]	[]
Brakes	[✓]	[]	Body	[✓]	[]	Reflector / Flares	[✓]	[]

REMARKS: _____

Maintenance/Repairs made on items: _____

By: Barry Craig

Date: OCT-9-2018

CITY OF JACKSONVILLE

VEHICLE CHECK - REPAIR REQUEST

VEHICLE: 421 DATE: Nov-1-2018
 EMPLOYEE: Barry Crain MILEAGE: _____
 AIR FILTER # _____ OIL FILTER: _____
 GREASED: _____

CONDITION

ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.
Horn	[x]	[]	Exhaust Sys	[x]	[]	Doors	[x]	[]
Mirrors	[x]	[]	Head Lights	[x]	[]	Clutch	[x]	[]
Glass	[x]	[]	Parking Lights	[x]	[]	Gauges	[x]	[]
Battery	[x]	[]	Tail Lights	[x]	[]	Belts	[x]	[]
Engine	[x]	[]	Stop Lights	[x]	[]	Fluid Levels	[x]	[]
W'shield Wipers	[x]	[]	Back-up Lights	[x]	[]	Seat Belts	[x]	[]
Turn Signal	[x]	[]	Tires / Spare	[x]	[]	<i>Other Items:</i>		
4-Way Flashers	[x]	[]	Wheels	[x]	[]	Fire Extinguisher	[x]	[]
Transmission	[x]	[]	Emerg Brake	[x]	[]	Electrical Kit	[]	[]
Brakes	[x]	[]	Body	[x]	[]	Reflector / Flares	[x]	[]

REMARKS: _____

Maintenance/Repairs made on items: _____

By: Barry Crain

Date: Nov 1-2018

CITY OF JACKSONVILLE

VEHICLE CHECK - REPAIR REQUEST

VEHICLE: 421 DATE: DEC-4-2018
 EMPLOYEE: Barry Crain MILEAGE: _____
 AIR FILTER # _____ OIL FILTER: _____
 GREASED _____

CONDITION

ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.
Horn	[✓]	[]	Exhaust Sys	[✓]	[]	Doors	[✓]	[]
Mirrors	[✓]	[]	Head Lights	[✓]	[]	Clutch	[✓]	[]
Glass	[✓]	[]	Parking Lights	[✓]	[]	Gauges	[✓]	[]
Battery	[✓]	[]	Tail Lights	[✓]	[]	Belts	[✓]	[]
Engine	[✓]	[]	Stop Lights	[✓]	[]	Fluid Levels	[✓]	[]
W'shield Wipers	[✓]	[]	Back-up Lights	[✓]	[]	Seat Belts	[✓]	[]
Turn Signal	[✓]	[]	Tires / Spare	[✓]	[]	Other Items:		
4-Way Flashers	[✓]	[]	Wheels	[✓]	[]	Fire Extinguisher	[✓]	[]
Transmission	[✓]	[]	Emerg Brakes	[✓]	[]	First Aid Kit	[]	[]
Brakes	[✓]	[]	Body	[✓]	[]	Reflector / Flares	[✓]	[]

REMARKS: _____

Maintenance/Repairs made on items: _____

By: Barry Crain

Date: DEC-4-2018

CITY OF JACKSONVILLE

VEHICLE CHECK - REPAIR REQUEST

VEHICLE: 421 DATE: JAN-4-2019
 EMPLOYEE: Barry Crain MILEAGE: _____
 AIR FILTER # _____ OIL FILTER: _____
 GREASED _____

CONDITION

ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.
Horn	[✓]	[]	Exhaust Sys	[✓]	[]	Doors	[✓]	[]
Mirrors	[✓]	[]	Head Lights	[✓]	[]	Clutch	[✓]	[]
Glass	[✓]	[]	Parking Lights	[✓]	[]	Gauges	[✓]	[]
Battery	[✓]	[]	Tail Lights	[✓]	[]	Belts	[✓]	[]
Engine	[✓]	[]	Stop Lights	[✓]	[]	Fluid Levels	[✓]	[]
W'shield Wipers	[✓]	[]	Back-up Lights	[✓]	[]	Seat Belts	[✓]	[]
Turn Signal	[✓]	[]	Tires / Spare	[✓]	[]	Other Items:		
4-Way Flashers	[✓]	[]	Wheels	[✓]	[]	Fire Extinguisher	[✓]	[]
Transmission	[✓]	[]	Emerg Brake	[✓]	[]	First Aid Kit	[]	[]
Brakes	[✓]	[]	Body	[✓]	[]	Reflector / Flares	[✓]	[]

REMARKS: _____

Maintenance/Repairs made on items: _____

By: Barry Crain

Date: JAN 4 - 2019

CITY OF JACKSONVILLE

VEHICLE CHECK - REPAIR REQUEST

VEHICLE: 421 DATE: FEB-8-2019
 EMPLOYEE: Barry Crain MILEAGE: _____
 AIR FILTER # _____ OIL FILTER: _____
 GREASED: _____

CONDITION

ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.
Horn	[x]	[]	Exhaust Sys	[x]	[]	Doors	[x]	[]
Mirrors	[x]	[]	Head Lights	[x]	[]	Clutch	[x]	[]
Glass	[x]	[]	Parking Lights	[x]	[]	Gauges	[x]	[]
Battery	[x]	[]	Tail Lights	[x]	[]	Belts	[x]	[]
Engine	[x]	[]	Stop Lights	[x]	[]	Fluid Levels	[x]	[]
W'shield Wipers	[x]	[]	Back-up Lights	[x]	[]	Seat Belts	[x]	[]
Turn Signal	[x]	[]	Tires / Spare	[x]	[]	Other Items:		
4-Way Flashers	[x]	[]	Wheels	[x]	[]	Fire Extinguisher	[x]	[]
Transmission	[x]	[]	Emerg Brake	[x]	[]	First Aid Kit	[]	[]
Brakes	[x]	[]	Body	[x]	[]	Reflector / Flares	[x]	[]

REMARKS: _____

Maintenance/Repairs made on items: _____

By: Barry Crain Date: FEB 8 2019

CITY OF JACKSONVILLE

VEHICLE CHECK - REPAIR REQUEST

VEHICLE: 421 DATE: Mar-7-2019
 EMPLOYEE: Barry Crain MILEAGE: _____
 AIR FILTER # _____ OIL FILTER: _____
 GREASED _____

CONDITION

ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.
Horn	[✓]	[]	Exhaust Sys	[✓]	[]	Doors	[✓]	[]
Mirrors	[✓]	[]	Head Lights	[✓]	[]	Clutch	[✓]	[]
Glass	[✓]	[]	Parking Lights	[✓]	[]	Gauges	[✓]	[]
Battery	[✓]	[]	Tail Lights	[✓]	[]	Belts	[✓]	[]
Engine	[✓]	[]	Stop Lights	[✓]	[]	Fluid Levels	[✓]	[]
W'shield Wipers	[✓]	[]	Back-up Lights	[✓]	[]	Seat Belts	[✓]	[]
Turn Signal	[✓]	[]	Tires / Spare	[✓]	[]	<i>Other Items:</i>		
4-Way Flashers	[✓]	[]	Wheels	[✓]	[]	Fire Extinguisher	[✓]	[]
Transmission	[✓]	[]	Emerg Brake	[✓]	[]	First Aid Kit	[]	[]
Brakes	[✓]	[]	Body	[✓]	[]	Reflector / Flares	[✓]	[]

REMARKS: _____

Maintenance/Repairs made on items: _____

By: Barry Crain Date: Mar 7 2019

CITY OF JACKSONVILLE

VEHICLE CHECK - REPAIR REQUEST

VEHICLE: 445 DATE: 4/18
 EMPLOYEE: David Bentley MILEAGE: _____
 AIR FILTER # _____ OIL FILTER: _____
 GREASED _____

CONDITION

ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.
Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Exhaust Sys	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Doors	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mirrors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Head Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Clutch	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Glass	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Parking Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gauges	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Battery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tail Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Engine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stop Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fluid Levels	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Windshield Wipers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Back-up Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Seat Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turn Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tires / Spare	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other Items:		
4-Way Flashers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wheels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fire Extinguisher	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transmission	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Emerg Brakes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Emergency Kit	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Brakes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Body	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reflector / Flares	<input checked="" type="checkbox"/>	<input type="checkbox"/>

REMARKS: _____

Maintenance/Repairs made on items: _____

By: _____

Date: _____

CITY OF JACKSONVILLE

VEHICLE CHECK - REPAIR REQUEST

VEHICLE: 445 DATE: 5/18

EMPLOYEE: David Bentley MILEAGE: _____

AIR FILTER # _____ OIL FILTER: _____

GREASED _____

CONDITION

ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.
Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Exhaust Sys	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Doors	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mirrors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Head Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Clutch	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Glass	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Parking Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gauges	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Battery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tail Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Engine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stop Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fluid Levels	<input checked="" type="checkbox"/>	<input type="checkbox"/>
W'shield Wipers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Back-up Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Seat Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turn Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tires / Spare	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other Items:		
4-Way Flashers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wheels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fire Extinguisher	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transmission	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Emerg Brake	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Electrical Kit	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Brakes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Body	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reflector / Flares	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS: _____

Maintenance/Repairs made on items: _____

By: _____ Date: _____

CITY OF JACKSONVILLE

VEHICLE CHECK - REPAIR REQUEST

VEHICLE: 445 DATE: 6/18
 EMPLOYEE: David Bentley MILEAGE: _____
 AIR FILTER # _____ OIL FILTER: _____
 GREASED _____

CONDITION

ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.
Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Exhaust Sys	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Doors	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mirrors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Head Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Clutch	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Glass	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Parking Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gauges	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Battery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tail Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Engine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stop Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fluid Levels	<input checked="" type="checkbox"/>	<input type="checkbox"/>
W'shield Wipers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Back-up Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Seat Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turn Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tires / Spare	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Other Items:</i>		
4-Way Flashers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wheels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fire Extinguisher	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transmission	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Emerg Brake	<input checked="" type="checkbox"/>	<input type="checkbox"/>	First Aid Kit	<input type="checkbox"/>	<input type="checkbox"/>
Brakes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Body	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reflector / Flares	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS: _____

Maintenance/Repairs made on items: _____

By: _____ Date: _____

CITY OF JACKSONVILLE

VEHICLE CHECK - REPAIR REQUEST

VEHICLE: 445 DATE: 7/18
 EMPLOYEE: David Bentley MILEAGE: _____
 AIR FILTER # _____ OIL FILTER: _____
 GREASED: _____

CONDITION

ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.
Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Exhaust Sys	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Doors	<input type="checkbox"/>	<input type="checkbox"/>
Mirrors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Head Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Clutch	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Glass	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Parking Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gauges	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Battery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tail Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Engine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stop Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fluid Levels	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Windshield Wipers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Back-up Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Seat Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turn Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tires / Spare	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Other Items:</i>		
4-Way Flashers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wheels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fire Extinguisher	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transmission	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Emerg Brake	<input checked="" type="checkbox"/>	<input type="checkbox"/>	First Aid Kit	<input type="checkbox"/>	<input type="checkbox"/>
Brakes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Body	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reflector / Flares	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS: _____

Maintenance/Repairs made on items: _____

By: _____ Date: _____

CITY OF JACKSONVILLE

VEHICLE CHECK - REPAIR REQUEST

VEHICLE: 445 DATE: 8/18
 EMPLOYEE: DAVID BENTLEY MILEAGE: _____
 AIR FILTER # _____ OIL FILTER: _____
 GREASED _____

CONDITION

ITEM	Sat	Unsat	ITEM	Sat	Unsat	ITEM	Sat	Unsat
Horn	<input type="checkbox"/>	<input type="checkbox"/>	Exhaust Sys	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Doors	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mirrors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Head Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Clutch	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Glass	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Parking Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gauges	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Battery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tail Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Engine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stop Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fluid Levels	<input checked="" type="checkbox"/>	<input type="checkbox"/>
W'shield Wipers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Back-up Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Seat Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turn Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tires / Spare	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Other Items:</i>		
4-Way Flashers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wheels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fire Extinguisher	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transmission	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Emerg Brake	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Electrical Kit	<input type="checkbox"/>	<input type="checkbox"/>
Brakes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Body	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reflector / Flares	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS: _____

Maintenance/Repairs made on items: _____

By: _____ Date: _____

CITY OF JACKSONVILLE

VEHICLE CHECK - REPAIR REQUEST

VEHICLE: 445 DATE: 9/18/18
 EMPLOYEE: David Bentley MILEAGE: _____
 AIR FILTER # _____ OIL FILTER: _____
 GREASED: _____

CONDITION

ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.
Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Exhaust Sys	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Doors	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mirrors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Head Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Clutch	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Glass	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Parking Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gauges	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Battery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tail Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Engine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stop Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fluid Levels	<input checked="" type="checkbox"/>	<input type="checkbox"/>
W'shield Wipers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Back-up Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Seat Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turn Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tires / Spare	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Other Items:</i>		
4-Way Flashers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wheels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fire Extinguisher	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transmission	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Emerg Brake	<input checked="" type="checkbox"/>	<input type="checkbox"/>	First Aid Kit	<input type="checkbox"/>	<input type="checkbox"/>
Brakes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Body	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reflector / Flares	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS: _____

Maintenance/Repairs made on items: _____

By: _____ Date: _____

CITY OF JACKSONVILLE

VEHICLE CHECK - REPAIR REQUEST

VEHICLE: 445 DATE: 10/18
 EMPLOYEE: DAVID Bentley MILEAGE: _____
 AIR FILTER # _____ OIL FILTER: _____
 GREASED _____

CONDITION

ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.
Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Exhaust Sys	<input type="checkbox"/>	<input type="checkbox"/>	Doors	<input type="checkbox"/>	<input type="checkbox"/>
Mirrors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Head Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Clutch	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Glass	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Parking Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gauges	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Battery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tail Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Engine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stop Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fluid Levels	<input checked="" type="checkbox"/>	<input type="checkbox"/>
W'shield Wipers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Back-up Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Seat Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turn Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tires / Spare	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Other Items:</i>		
4-Way Flashers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wheels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fire Extinguisher	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transmission	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Emerg Brake	<input checked="" type="checkbox"/>	<input type="checkbox"/>	First Aid Kit	<input type="checkbox"/>	<input type="checkbox"/>
Brakes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Body	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reflector / Flares	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS: _____

Maintenance/Repairs made on items: _____

By: _____ Date: _____

CITY OF JACKSONVILLE

VEHICLE CHECK - REPAIR REQUEST

VEHICLE: 445 DATE: 11/18

EMPLOYEE: David Bentley MILEAGE: _____

AIR FILTER # _____ OIL FILTER: _____

GREASED _____

CONDITION

ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.
Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Exhaust Sys	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Doors	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mirrors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Head Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Clutch	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Glass	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Parking Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gauges	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Battery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tail Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Engine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stop Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fluid Levels	<input checked="" type="checkbox"/>	<input type="checkbox"/>
W'shield Wipers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Back-up Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Seat Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turn Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tires / Spare	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Other Items:</i>		
4-Way Flashers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wheels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fire Extinguisher	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transmission	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Emerg Brake	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Electrical Kit	<input type="checkbox"/>	<input type="checkbox"/>
Brakes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Body	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reflector / Flares	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS: _____

Maintenance/Repairs made on items: _____

By: _____

Date: _____

CITY OF JACKSONVILLE

VEHICLE CHECK - REPAIR REQUEST

VEHICLE: 445 DATE: 12/18
 EMPLOYEE: David Bentley MILEAGE: _____
 AIR FILTER # _____ OIL FILTER: _____
 GREASED _____

CONDITION

ITEM	Sat	Unsat.	ITEM	Sat	Unsat.	ITEM	Sat	Unsat.
Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Exhaust Sys	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Doors	<input type="checkbox"/>	<input type="checkbox"/>
Mirrors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Head Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Clutch	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Glass	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Parking Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gauges	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Battery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tail Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Engine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stop Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fluid Levels	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Windshield Wipers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Back-up Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Seat Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turn Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tires / Spare	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Other Items:</i>		
4-Way Flashers	<input type="checkbox"/>	<input type="checkbox"/>	Wheels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fire Extinguisher	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transmission	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Emerg Brake	<input checked="" type="checkbox"/>	<input type="checkbox"/>	First Aid Kit	<input type="checkbox"/>	<input type="checkbox"/>
Brakes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Body	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reflector / Flares	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS: _____

Maintenance/Repairs made on items: _____

By: _____

Date: _____

CITY OF JACKSONVILLE

VEHICLE CHECK - REPAIR REQUEST

VEHICLE: 445 DATE: 1/19
 EMPLOYEE: David Bentley MILEAGE: _____
 AIR FILTER # _____ OIL FILTER: _____
 GREASED _____

CONDITION

ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.
Horn	<input type="checkbox"/>	<input type="checkbox"/>	Exhaust Sys	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Doors	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mirrors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Head Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Clutch	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Glass	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Parking Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gauges	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Battery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tail Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Engine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stop Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fluid Levels	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Windshield Wipers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Back-up Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Seat Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turn Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tires / Spare	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Other Items:</i>		
4-Way Flashers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wheels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fire Extinguisher	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transmission	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Emerg Brake	<input checked="" type="checkbox"/>	<input type="checkbox"/>	First Aid Kit	<input type="checkbox"/>	<input type="checkbox"/>
Brakes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Body	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reflector / Flares	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS: _____

Maintenance/Repairs made on items: _____

By: _____

Date: _____

CITY OF JACKSONVILLE

VEHICLE CHECK - REPAIR REQUEST

VEHICLE: 445 DATE: 2/19
 EMPLOYEE: David Bentley MILEAGE: _____
 AIR FILTER # _____ OIL FILTER: _____
 GREASED _____

CONDITION

ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.
Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Exhaust Sys	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Doors	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mirrors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Head Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Clutch	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Glass	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Parking Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gauges	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Battery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tail Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Engine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stop Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fluid Levels	<input checked="" type="checkbox"/>	<input type="checkbox"/>
W'shield Wipers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Back-up Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Seat Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turn Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tires / Spare	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Other Items:</i>		
4-Way Flashers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wheels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fire Extinguisher	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transmission	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Emerg Brake	<input checked="" type="checkbox"/>	<input type="checkbox"/>	First Aid Kit	<input type="checkbox"/>	<input type="checkbox"/>
Brakes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Body	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reflector / Flares	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS: _____

Maintenance/Repairs made on items: _____

By: _____

Date: _____

CITY OF JACKSONVILLE

VEHICLE CHECK - REPAIR REQUEST

VEHICLE: 445 DATE: 3/19
 EMPLOYEE: David Bentley MILEAGE: _____
 AIR FILTER # _____ OIL FILTER: _____
 GREASED _____

CONDITION

ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.
Horn	<input type="checkbox"/>	<input type="checkbox"/>	Exhaust Sys	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Doors	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mirrors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Head Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Clutch	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Glass	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Parking Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gauges	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Battery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tail Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Engine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stop Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fluid Levels	<input checked="" type="checkbox"/>	<input type="checkbox"/>
W'shield Wipers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Back-up Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Seat Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turn Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tires / Spare	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other Items:		
4-Way Flashers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wheels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fire Extinguisher	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transmission	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Emerg Brake	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Elect Aid Kit	<input type="checkbox"/>	<input type="checkbox"/>
Brakes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Body	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reflector / Flares	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS: _____

Maintenance/Repairs made on items: _____

By: _____

Date: _____

CITY OF JACKSONVILLE

VEHICLE CHECK - REPAIR REQUEST

VEHICLE: 470 DATE: April 2018
 EMPLOYEE: DAVID BENMEY MILEAGE: _____
 AIR FILTER # _____ OIL FILTER: _____
 GREASED: _____

CONDITION

ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.
Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Exhaust Sys	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Doors	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mirrors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Head Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Clutch	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Glass	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Parking Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gauges	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Battery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tail Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Engine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stop Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fluid Levels	<input checked="" type="checkbox"/>	<input type="checkbox"/>
W'shield Wipers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Back-up Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Seat Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turn Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tires / Spare	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other Items:		
4-Way Flashers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wheels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fire Extinguisher	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transmission	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Emerg Brake	<input checked="" type="checkbox"/>	<input type="checkbox"/>	First Aid Kit	<input type="checkbox"/>	<input type="checkbox"/>
Brakes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Body	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reflector / Flares	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS: _____

 Maintenance/Repairs made on items: _____

 By: [Signature]

CITY OF JACKSONVILLE

VEHICLE CHECK - REPAIR REQUEST

VEHICLE: 479/470 DATE: 5/18
 EMPLOYEE: DAVID Bentley MILEAGE: _____
 AIR FILTER # _____ OIL FILTER: _____
 GREASED _____

CONDITION

ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.
Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Exhaust Sys	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Doors	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mirrors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Head Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Clutch	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Glass	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Parking Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gauges	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Battery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tail Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Engine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stop Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fluid Levels	<input checked="" type="checkbox"/>	<input type="checkbox"/>
W'shield Wipers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Back-up Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Seat Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turn Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tires / Spare	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other Items:		
4-Way Flashers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wheels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fire Extinguisher	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transmission	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Emerg Brake	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Electrical Kit	<input type="checkbox"/>	<input type="checkbox"/>
Brakes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Body	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reflector / Flares	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS: _____

Maintenance/Repairs made on items: _____

By: [Signature] Date: _____

CITY OF JACKSONVILLE

VEHICLE CHECK - REPAIR REQUEST

VEHICLE: 470 DATE: 6/18
 EMPLOYEE: DAVID BENMEY MILEAGE: _____
 AIR FILTER # _____ OIL FILTER: _____
 GREASED _____

CONDITION

ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.
Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Exhaust Sys	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Doors	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mirrors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Head Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Clutch	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Glass	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Parking Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gauges	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Battery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tail Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Engine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stop Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fluid Levels	<input checked="" type="checkbox"/>	<input type="checkbox"/>
W'shield Wipers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Back-up Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Seat Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turn Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tires / Spare	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other Items:		
4-Way Flashers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wheels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fire Extinguisher	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transmission	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Emerg Brakes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	First Aid Kit	<input type="checkbox"/>	<input type="checkbox"/>
Brakes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Body	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reflector / Flares	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS: _____

Maintenance/Repairs made on items: _____

By: [Signature]

Date: _____

CITY OF JACKSONVILLE

VEHICLE CHECK - REPAIR REQUEST

VEHICLE: 470 DATE: 7/18
 EMPLOYEE: DAVID BENMEY MILEAGE: _____
 AIR FILTER # _____ OIL FILTER: _____
 GREASED _____

CONDITION

ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.
Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Exhaust Sys	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Doors	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mirrors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Head Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Clutch	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Glass	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Parking Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gauges	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Battery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tail Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Engine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stop Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fluid Levels	<input checked="" type="checkbox"/>	<input type="checkbox"/>
W/shield Wipers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Back-up Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Seat Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turn Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tires / Spare	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other Items:		
4-Way Flashers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wheels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fire Extinguisher	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transmission	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Emerg Brake	<input checked="" type="checkbox"/>	<input type="checkbox"/>	First Aid Kit	<input type="checkbox"/>	<input type="checkbox"/>
Brakes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Body	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reflector / Flare	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS: _____

 Maintenance/Repairs made on items: _____

 By: [Signature] Date: _____

CITY OF JACKSONVILLE

VEHICLE CHECK - REPAIR REQUEST

VEHICLE: 470 DATE: 8/18
 EMPLOYEE: David Bentley MILEAGE: _____
 AIR FILTER # _____ OIL FILTER: _____
 GREASED: _____

CONDITION

ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.
Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Exhaust Sys	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Doors	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mirrors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Head Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Clutch	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Glass	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Parking Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gauges	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Battery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tail Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Engine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stop Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fluid Levels	<input checked="" type="checkbox"/>	<input type="checkbox"/>
W'shield Wipers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Back-up Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Seat Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turn Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tires / Spare	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other Issues:		
4-Way Flashers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wheels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fire Extinguisher	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transmission	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Emerg Brake	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Electrical Kit	<input type="checkbox"/>	<input type="checkbox"/>
Brakes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Body	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reflector / Flares	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS: _____

Maintenance/Repairs made on items: _____

By: [Signature]

Date: _____

CITY OF JACKSONVILLE

VEHICLE CHECK - REPAIR REQUEST

VEHICLE: 479/470 DATE: 9/18
 EMPLOYEE: DAVID BENLEY MILEAGE: _____
 AIR FILTER # _____ OIL FILTER: _____
 GREASED _____

CONDITION

ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.
Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Exhaust Sys	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Doors	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mirrors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Head Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Clutch	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Glass	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Parking Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gauges	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Battery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tail Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Engine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stop Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fluid Levels	<input checked="" type="checkbox"/>	<input type="checkbox"/>
W'shield Wipers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Back-up Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Seat Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turn Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tires / Spare	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other Items:		
4-Way Flashers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wheels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fire Extinguisher	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transmission	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Emerg Brake	<input checked="" type="checkbox"/>	<input type="checkbox"/>	First Aid Kit	<input type="checkbox"/>	<input type="checkbox"/>
Brakes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Body	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reflector / Flares	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS: _____

Maintenance/Repairs made on items: _____

By: [Signature]

Date: _____

CITY OF JACKSONVILLE

VEHICLE CHECK - REPAIR REQUEST

VEHICLE: 470 DATE: 10/18
 EMPLOYEE: DAVID BENNEY MILEAGE: _____
 AIR FILTER # _____ OIL FILTER: _____
 GREASED _____

CONDITION

ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.
Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Exhaust Sys	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Doors	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mirrors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Head Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Clutch	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Glass	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Parking Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gauges	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Battery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tail Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Engine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stop Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fluid Levels	<input checked="" type="checkbox"/>	<input type="checkbox"/>
W'shield Wipers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Back-up Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Seat Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turn Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tires / Spare	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other Items:		
4-Way Flashers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wheels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fire Extinguisher	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transmission	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Emerg Brake	<input checked="" type="checkbox"/>	<input type="checkbox"/>	First Aid Kit	<input type="checkbox"/>	<input type="checkbox"/>
Brakes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Body	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reflector / Flares	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS: _____

Maintenance/Repairs made on items: _____

By: [Signature]

Date: _____

CITY OF JACKSONVILLE

VEHICLE CHECK - REPAIR REQUEST

VEHICLE: 470 DATE: 11/18
 EMPLOYEE: DAVID BENNEY MILEAGE: _____
 AIR FILTER # _____ OIL FILTER: _____
 GREASED _____

CONDITION

ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.
Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Exhaust Sys	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Doors	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mirrors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Head Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Clutch	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Glass	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Parking Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gauges	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Battery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tail Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Engine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stop Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fluid Levels	<input checked="" type="checkbox"/>	<input type="checkbox"/>
W'shield Wipers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Back-up Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Seat Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turn Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tires / Spare	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other Items:		
4-Way Flashers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wheels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fire Extinguisher	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transmission	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Emerg Brake	<input checked="" type="checkbox"/>	<input type="checkbox"/>	First Aid Kit	<input type="checkbox"/>	<input type="checkbox"/>
Brakes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Body	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reflector / Flares	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS: _____

 Maintenance/Repairs made on items: _____

By: [Signature]

Date: _____

CITY OF JACKSONVILLE

VEHICLE CHECK - REPAIR REQUEST

VEHICLE: 470 DATE: 12/18
 EMPLOYEE: DAVID BENNEY MILEAGE: _____
 AIR FILTER # _____ OIL FILTER: _____
 GREASED _____

CONDITION

ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.
Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Exhaust Sys	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Doors	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mirrors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Hood Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Clutch	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Glass	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Parking Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gauges	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Battery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tail Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Engine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stop Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fluid Levels	<input checked="" type="checkbox"/>	<input type="checkbox"/>
W'shield Wipers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Back-up Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Seat Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turn Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tires / Spare	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other Items:		
4-Way Flashers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wheels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fire Extinguisher	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transmission	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Emerg Brake	<input checked="" type="checkbox"/>	<input type="checkbox"/>	First Aid Kit	<input type="checkbox"/>	<input type="checkbox"/>
Brakes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Body	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reflector / Flares	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS: _____

Maintenance/Repairs made on items: _____

By: David Benney

Date: _____

CITY OF JACKSONVILLE

VEHICLE CHECK - REPAIR REQUEST

VEHICLE: 470 DATE: 1/19
 EMPLOYEE: DAVID BENMEY MILEAGE: _____
 AIR FILTER # _____ OIL FILTER: _____
 GREASED _____

CONDITION

ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.
Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Exhaust Sys	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Doors	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mirrors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Head Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Clutch	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Glass	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Parking Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gauges	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Battery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tail Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Engine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stop Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fluid Levels	<input checked="" type="checkbox"/>	<input type="checkbox"/>
W'shield Wipers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Back-up Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Seat Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turn Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tires / Spare	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other Items:		
4-Way Flashers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wheels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fire Extinguisher	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transmission	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Emerg Brake	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Electrical Kit	<input type="checkbox"/>	<input type="checkbox"/>
Brakes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Body	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reflector / Flares	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS: _____

Maintenance/Repairs made on items: _____

By: [Signature]

Date: _____

CITY OF JACKSONVILLE

VEHICLE CHECK - REPAIR REQUEST

VEHICLE: 470 DATE: 2/19
 EMPLOYEE: DAVID BENMEY MILEAGE: _____
 AIR FILTER # _____ OIL FILTER: _____
 GREASED: _____

CONDITION

ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.
Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Exhaust Sys	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Doors	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mirrors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Head Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Clutch	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Glass	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Parking Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gauges	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Battery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tail Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Engine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stop Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fluid Levels	<input checked="" type="checkbox"/>	<input type="checkbox"/>
W'shield Wipers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Back-up Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Seat Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turn Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tires / Spare	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other Items:		
4-Way Flashers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wheels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fire Extinguisher	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transmission	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Emerg Brake	<input checked="" type="checkbox"/>	<input type="checkbox"/>	First Aid Kit	<input type="checkbox"/>	<input type="checkbox"/>
Brakes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Body	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reflector / Flares	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS: _____

Maintenance/Repairs made on items: _____

By: [Signature]

Date: _____

CITY OF JACKSONVILLE

VEHICLE CHECK - REPAIR REQUEST

VEHICLE: 470 DATE: 3/19
 EMPLOYEE: DAVID BENTLEY MILEAGE: _____
 AIR FILTER # _____ OIL FILTER: _____
 GREASED _____

CONDITION

ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.
Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Exhaust Sys	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Doors	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mirrors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Head Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Clutch	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Glass	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Parking Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gauges	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Battery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tail Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Engine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stop Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fluid Levels	<input checked="" type="checkbox"/>	<input type="checkbox"/>
W'shield Wipers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Back-up Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Seat Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turn Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tires / Spare	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other Items:		
4-Way Flashers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wheels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fire Extinguisher	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transmission	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Emerg Brake	<input checked="" type="checkbox"/>	<input type="checkbox"/>	First Aid Kit	<input type="checkbox"/>	<input type="checkbox"/>
Brakes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Body	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reflector / Flares	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS: _____

Maintenance/Repairs made on items: _____

By: [Signature]

Date: _____

CITY OF JACKSONVILLE

VEHICLE CHECK - REPAIR REQUEST

VEHICLE: 4001 DATE: 4-18
 EMPLOYEE: Rickey Helsey MILEAGE: _____
 AIR FILTER # _____ OIL FILTER: _____
 GREASED: _____

CONDITION

ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.
Horn	[✓]	[]	Exhaust Sys	[✓]	[]	Doors	[✓]	[]
Mirrors	[✓]	[]	Head Lights	[✓]	[]	Clutch	[✗]	[]
Glass	[✓]	[]	Parking Lights	[✓]	[]	Gauges	[✓]	[]
Battery	[✓]	[]	Tail Lights	[✓]	[]	Belts	[✓]	[]
Engine	[✓]	[]	Stop Lights	[✓]	[]	Fluid Levels	[✓]	[]
W'shield Wipers	[✓]	[]	Back-up Lights	[✓]	[]	Seat Belts	[✓]	[]
Turn Signal	[✓]	[]	Tires / Spare	[✓]	[]	<i>Other Items:</i>		
4-Way Flashers	[✓]	[]	Wheels	[✓]	[]	Fire Extinguisher	[✓]	[]
Transmission	[✓]	[]	Emerg Brake	[✓]	[]	First Aid Kit	[]	[]
Brakes	[✓]	[]	Body	[✓]	[]	Reflector / Flares	[]	[]

REMARKS: _____

Maintenance/Repairs made on items: _____

By: _____

CITY OF JACKSONVILLE

VEHICLE CHECK - REPAIR REQUEST

VEHICLE: 4001 DATE: 6-18
 EMPLOYEE: Rickey Hulse MILEAGE: _____
 AIR FILTER # _____ OIL FILTER: _____
 GREASED: _____

CONDITION

ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.
Horn	[✓]	[]	Exhaust Sys	[✓]	[]	Doors	[✓]	[]
Mirrors	[✓]	[]	Head Lights	[✓]	[]	Clutch	[✗]	[]
Glass	[✓]	[]	Parking Lights	[✓]	[]	Gauges	[✓]	[]
Battery	[✓]	[]	Tail Lights	[✓]	[]	Belts	[✓]	[]
Engine	[✓]	[]	Stop Lights	[✓]	[]	Fluid Levels	[✓]	[]
W'shield Wipers	[✓]	[]	Back-up Lights	[✓]	[]	Seat Belts	[✓]	[]
Turn Signal	[✓]	[]	Tires / Spare	[✓]	[]	Other Items:		
4-Way Flashers	[✓]	[]	Wheels	[✓]	[]	Fire Extinguisher	[✓]	[]
Transmission	[✓]	[]	Emerg Brake	[✓]	[]	First Aid Kit	[]	[]
Brakes	[✓]	[]	Body	[✓]	[]	Reflector / Flares	[]	[]

REMARKS: _____

Maintenance/Repairs made on items: _____

By: _____ Date: _____

CITY OF JACKSONVILLE

VEHICLE CHECK - REPAIR REQUEST

VEHICLE: 4001 DATE: 7-18
 EMPLOYEE: Rickey Helser MILEAGE: _____
 AIR FILTER # _____ OIL FILTER: _____
 GREASED _____

CONDITION

ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.
Horn	[X]	[]	Exhaust Sys	[X]	[]	Doors	[X]	[]
Mirrors	[X]	[]	Head Lights	[X]	[]	Clutch	[X]	[]
Glass	[X]	[]	Parking Lights	[X]	[]	Gauges	[X]	[]
Battery	[X]	[]	Tail Lights	[X]	[]	Belts	[X]	[]
Engine	[X]	[]	Stop Lights	[X]	[]	Fluid Levels	[X]	[]
W'shield Wipers	[X]	[]	Back-up Lights	[X]	[]	Seat Belts	[X]	[]
Turn Signal	[X]	[]	Tires / Spare	[X]	[]	<i>Other Items:</i>		
4-Way Flashers	[X]	[]	Wheels	[X]	[]	Fire Extinguisher	[X]	[]
Transmission	[X]	[]	Emerg Brake	[X]	[]	First Aid Kit	[]	[]
Brakes	[X]	[]	Body	[X]	[]	Reflector / Flares	[]	[]

REMARKS: _____

Maintenance/Repairs made on items: _____

By: _____

CITY OF JACKSONVILLE

VEHICLE CHECK - REPAIR REQUEST

VEHICLE: 4001 DATE: 9-18
 EMPLOYEE: Rickey Helser MILEAGE: _____
 AIR FILTER # _____ OIL FILTER: _____
 GREASED _____

CONDITION

ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.
Horn	[X]	[]	Exhaust Sys	[X]	[]	Doors	[X]	[]
Mirrors	[X]	[]	Head Lights	[X]	[]	Clutch	[X]	[]
Glass	[X]	[]	Parking Lights	[X]	[]	Gauges	[X]	[]
Battery	[X]	[]	Tail Lights	[X]	[]	Belts	[X]	[]
Engine	[X]	[]	Stop Lights	[X]	[]	Fluid Levels	[X]	[]
W'shield Wipers	[X]	[]	Back-up Lights	[X]	[]	Seat Belts	[X]	[]
Turn Signal	[X]	[]	Tires / Spare	[X]	[]	<i>Other Items:</i>		
4-Way Flashers	[X]	[]	Wheels	[X]	[]	Fire Extinguisher	[X]	[]
Transmission	[X]	[]	Emerg Brake	[X]	[]	Electrical Kit	[]	[]
Brakes	[X]	[]	Body	[X]	[]	Reflector / Flares	[]	[]

REMARKS: _____

Maintenance/Repairs made on items: _____

By: _____ Date: _____

CITY OF JACKSONVILLE

VEHICLE CHECK - REPAIR REQUEST

VEHICLE: 4001 DATE: 10-18
 EMPLOYEE: Rickey Hulsay MILEAGE: _____
 AIR FILTER # _____ OIL FILTER: _____
 GREASED _____

CONDITION

ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.
Horn	[X]	[]	Exhaust Sys	[X]	[]	Doors	[X]	[]
Mirrors	[X]	[]	Head Lights	[X]	[]	Clutch	[X]	[]
Glass	[X]	[]	Parking Lights	[X]	[]	Gauges	[X]	[]
Battery	[X]	[]	Tail Lights	[X]	[]	Belts	[X]	[]
Engine	[X]	[]	Stop Lights	[X]	[]	Fluid Levels	[X]	[]
W'shield Wipers	[X]	[]	Back-up Lights	[X]	[]	Seat Belts	[X]	[]
Turn Signal	[X]	[]	Tires / Spare	[X]	[]	<i>Other Items:</i>		
4-Way Flashers	[X]	[]	Wheels	[X]	[]	Fire Extinguisher	[X]	[]
Transmission	[X]	[]	Emerg Brake	[X]	[]	Electrical Kit	[]	[]
Brakes	[X]	[]	Body	[X]	[]	Reflector / Flares	[]	[]

REMARKS: _____

Maintenance/Repairs made on items: _____

By: _____ Date: _____

CITY OF JACKSONVILLE

VEHICLE CHECK - REPAIR REQUEST

VEHICLE: 4001 DATE: 11-18
 EMPLOYEE: Rickey Hulsey MILEAGE: _____
 AIR FILTER # _____ OIL FILTER: _____
 GREASED _____

CONDITION

ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.
Horn	[X]	[]	Exhaust Sys	[X]	[]	Doors	[X]	[]
Mirrors	[X]	[]	Head Lights	[X]	[]	Clutch	[X]	[]
Glass	[X]	[]	Parking Lights	[X]	[]	Gauges	[X]	[]
Battery	[X]	[]	Tail Lights	[X]	[]	Belts	[X]	[]
Engine	[X]	[]	Stop Lights	[X]	[]	Fluid Levels	[X]	[]
W'shield Wipers	[X]	[]	Back-up Lights	[X]	[]	Seat Belts	[X]	[]
Turn Signal	[X]	[]	Tires / Spare	[X]	[]	Other Items:		
4-Way Flashers	[X]	[]	Wheels	[X]	[]	Fire Extinguisher	[X]	[]
Transmission	[X]	[]	Emerg Brake	[X]	[]	First Aid Kit	[]	[]
Brakes	[X]	[]	Body	[X]	[]	Reflector / Flares	[]	[]

REMARKS: _____

Maintenance/Repairs made on items: _____

By: _____ Date: _____

CITY OF JACKSONVILLE

VEHICLE CHECK - REPAIR REQUEST

VEHICLE: 4001 DATE: 1-19
 EMPLOYEE: Rickey Helser MILEAGE: _____
 AIR FILTER # _____ OIL FILTER: _____
 GREASED _____

CONDITION

ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.
Horn	[✓]	[]	Exhaust Sys	[✓]	[]	Doors	[✓]	[]
Mirrors	[✓]	[]	Head Lights	[✓]	[]	Clutch	[✗]	[]
Glass	[✓]	[]	Parking Lights	[✓]	[]	Gauges	[✓]	[]
Battery	[✓]	[]	Tail Lights	[✓]	[]	Belts	[✓]	[]
Engine	[✓]	[]	Stop Lights	[✓]	[]	Fluid Levels	[✓]	[]
W'shield Wipers	[✓]	[]	Back-up Lights	[✓]	[]	Seat Belts	[✓]	[]
Turn Signal	[✓]	[]	Tires / Spare	[✓]	[]	Other Items:		
4-Way Flashers	[✓]	[]	Wheels	[✓]	[]	Fire Extinguisher	[✓]	[]
Transmission	[✓]	[]	Emerg Brake	[✓]	[]	Electrical Kit	[]	[]
Brakes	[✓]	[]	Body	[✓]	[]	Reflector / Flares	[]	[]

REMARKS: _____

Maintenance/Repairs made on items: _____

By: _____ Date: _____

CITY OF JACKSONVILLE

VEHICLE CHECK - REPAIR REQUEST

VEHICLE: 4001 DATE: Feb-2019
 EMPLOYEE: Rickey Hulsey MILEAGE: _____
 AIR FILTER # _____ OIL FILTER: _____
 GREASED: _____

CONDITION

ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.
Horn	[X]	[]	Exhaust Sys	[X]	[]	Doors	[X]	[]
Mirrors	[X]	[]	Head Lights	[X]	[]	Clutch	[X]	[]
Glass	[X]	[]	Parking Lights	[X]	[]	Gauges	[X]	[]
Battery	[X]	[]	Tail Lights	[X]	[]	Belts	[X]	[]
Engine	[X]	[]	Stop Lights	[X]	[]	Fluid Levels	[X]	[]
W'shield Wipers	[X]	[]	Back-up Lights	[X]	[]	Seat Belts	[X]	[]
Turn Signal	[X]	[]	Tires / Spare	[X]	[]	<i>Other Items:</i>		
4-Way Flashers	[X]	[]	Wheels	[X]	[]	Fire Extinguisher	[X]	[]
Transmission	[X]	[]	Emerg Brake	[X]	[]	First Aid Kit	[]	[]
Brakes	[X]	[]	Body	[X]	[]	Reflector / Flares	[]	[]

REMARKS: _____

Maintenance/Repairs made on items: _____

By: _____ Date: _____

CITY OF JACKSONVILLE

VEHICLE CHECK - REPAIR REQUEST

VEHICLE: 4004 International DATE: April 2018
 EMPLOYEE: Scotty Maddy MILEAGE: _____
 AIR FILTER # _____ OIL FILTER: _____
 GREASED: _____

CONDITION

ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.
Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Exhaust Sys	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Doors	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mirrors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Head Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Clutch	<input type="checkbox"/>	<input type="checkbox"/>
Glass	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Parking Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gauges	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Battery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tail Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Engine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stop Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fluid Levels	<input checked="" type="checkbox"/>	<input type="checkbox"/>
W'shield Wipers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Back-up Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Seat Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turn Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tires / Spare	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Other Items:</i>		
4-Way Flashers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wheels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fire Extinguisher	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transmission	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Emerg Brake	<input checked="" type="checkbox"/>	<input type="checkbox"/>	First Aid Kit	<input type="checkbox"/>	<input type="checkbox"/>
Brakes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Body	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reflector / Flares	<input checked="" type="checkbox"/>	<input type="checkbox"/>

REMARKS: No clutch (Automatic)

Maintenance/Repairs made on items: _____

By: _____

Date: _____

CITY OF JACKSONVILLE

VEHICLE CHECK - REPAIR REQUEST

VEHICLE: 4004 International DATE: May 2018
 EMPLOYEE: Scotty Maddy MILEAGE: _____
 AIR FILTER # _____ OIL FILTER: _____
 GREASED: _____

CONDITION

ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.
Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Exhaust Sys	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Doors	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mirrors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Head Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Clutch	<input type="checkbox"/>	<input type="checkbox"/>
Glass	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Parking Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gauges	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Battery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tail Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Engine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stop Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fluid Levels	<input checked="" type="checkbox"/>	<input type="checkbox"/>
W'shield Wipers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Back-up Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Seat Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turn Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tires / Spare	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Other Items:</i>		
4-Way Flashers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wheels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fire Extinguisher	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transmission	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Emerg Brakes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	First Aid Kit	<input type="checkbox"/>	<input type="checkbox"/>
Brakes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Body	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reflector / Flares	<input checked="" type="checkbox"/>	<input type="checkbox"/>

REMARKS: No clutch (Automatic)

Maintenance/Repairs made on items: _____

By: _____ Date: _____

CITY OF JACKSONVILLE

VEHICLE CHECK - REPAIR REQUEST

VEHICLE: 4004 International DATE: June 2013
 EMPLOYEE: Scotty Maddy MILEAGE: _____
 AIR FILTER # _____ OIL FILTER: _____
 GREASED: _____

CONDITION

ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.
Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Exhaust Sys	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Doors	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mirrors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Head Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Clutch	<input type="checkbox"/>	<input type="checkbox"/>
Glass	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Parking Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gauges	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Battery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tail Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Engine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stop Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fluid Levels	<input checked="" type="checkbox"/>	<input type="checkbox"/>
W'shield Wipers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Back-up Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Seat Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turn Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tires / Spare	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Other Items:</i>		
4-Way Flashers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wheels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fire Extinguisher	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transmission	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Emerg Brakes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	First Aid Kit	<input type="checkbox"/>	<input type="checkbox"/>
Brakes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Body	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reflector / Flares	<input checked="" type="checkbox"/>	<input type="checkbox"/>

REMARKS: No clutch (Automatic)

Maintenance/Repairs made on items: _____

By: _____ Date: _____

CITY OF JACKSONVILLE

VEHICLE CHECK - REPAIR REQUEST

VEHICLE: 4004 International DATE: July 2018
 EMPLOYEE: Scotty Maddy MILEAGE: _____
 AIR FILTER # _____ OIL FILTER: _____
 GREASED: _____

CONDITION

ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.
Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Exhaust Sys	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Doors	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mirrors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Head Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Clutch	<input type="checkbox"/>	<input type="checkbox"/>
Glass	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Parking Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gauges	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Battery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tail Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Engine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stop Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fluid Levels	<input checked="" type="checkbox"/>	<input type="checkbox"/>
W'shield Wipers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Back-up Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Seat Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turn Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tires / Spare	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Other Items:</i>		
4-Way Flashers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wheels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fire Extinguisher	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transmission	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Emerg Brake	<input checked="" type="checkbox"/>	<input type="checkbox"/>	First Aid Kit	<input type="checkbox"/>	<input type="checkbox"/>
Brakes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Body	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reflector / Flares	<input checked="" type="checkbox"/>	<input type="checkbox"/>

REMARKS: No clutch (Automatic)

Maintenance/Repairs made on items: _____

By: _____

CITY OF JACKSONVILLE

VEHICLE CHECK - REPAIR REQUEST

VEHICLE: 4004 International DATE: Aug 2018
 EMPLOYEE: Scotty Maddox MILEAGE: _____
 AIR FILTER # _____ OIL FILTER: _____
 GREASED: _____

CONDITION

ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.
Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Exhaust Sys	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Doors	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mirrors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Head Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Clutch	<input type="checkbox"/>	<input type="checkbox"/>
Glass	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Parking Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gauges	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Battery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tail Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Engine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stop Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fluid Levels	<input checked="" type="checkbox"/>	<input type="checkbox"/>
W'shield Wipers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Back-up Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Seat Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turn Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tires / Spare	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Other Items:</i>		
4-Way Flashers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wheels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fire Extinguisher	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transmission	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Emerg Brakes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	First Aid Kit	<input type="checkbox"/>	<input type="checkbox"/>
Brakes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Body	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reflector / Flares	<input checked="" type="checkbox"/>	<input type="checkbox"/>

REMARKS: No clutch (Automatic)

Maintenance/Repairs made on items: _____

By: _____ Date: _____

CITY OF JACKSONVILLE

VEHICLE CHECK - REPAIR REQUEST

VEHICLE: 4004 International DATE: Sept 2018
 EMPLOYEE: Scotty Maddox MILEAGE: _____
 AIR FILTER # _____ OIL FILTER: _____
 GREASED: _____

CONDITION

ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.
Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Exhaust Sys	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Doors	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mirrors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Head Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Clutch	<input type="checkbox"/>	<input type="checkbox"/>
Glass	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Parking Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gauges	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Battery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tail Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Engine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stop Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fluid Levels	<input checked="" type="checkbox"/>	<input type="checkbox"/>
W'shield Wipers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Back-up Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Seat Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turn Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tires / Spare	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Other Items:</i>		
4-Way Flashers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wheels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fire Extinguisher	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transmission	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Emerg Brakes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	First Aid Kit	<input type="checkbox"/>	<input type="checkbox"/>
Brakes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Body	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reflector / Flares	<input checked="" type="checkbox"/>	<input type="checkbox"/>

REMARKS: No clutch (Automatic)

Maintenance/Repairs made on items: _____

By: _____

CITY OF JACKSONVILLE

VEHICLE CHECK - REPAIR REQUEST

VEHICLE: 4004 International DATE: Oct 2018
 EMPLOYEE: Scotty Maddy MILEAGE: _____
 AIR FILTER # _____ OIL FILTER: _____
 GREASED: _____

CONDITION

ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.
Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Exhaust Sys	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Doors	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mirrors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Head Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Clutch	<input type="checkbox"/>	<input type="checkbox"/>
Glass	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Parking Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gauges	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Battery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tail Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Engine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stop Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fluid Levels	<input checked="" type="checkbox"/>	<input type="checkbox"/>
W'shield Wipers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Back-up Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Seat Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turn Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tires / Spare	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Other Items:</i>		
4-Way Flashers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wheels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fire Extinguisher	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transmission	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Emerg Brake	<input checked="" type="checkbox"/>	<input type="checkbox"/>	First Aid Kit	<input type="checkbox"/>	<input type="checkbox"/>
Brakes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Body	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reflector / Flares	<input checked="" type="checkbox"/>	<input type="checkbox"/>

REMARKS: No clutch (Automatic)

Maintenance/Repairs made on items: _____

By: _____ Date: _____

CITY OF JACKSONVILLE

VEHICLE CHECK - REPAIR REQUEST

VEHICLE: 4004 International DATE: NOV 2018
 EMPLOYEE: Seattly Maddy MILEAGE: _____
 AIR FILTER # _____ OIL FILTER: _____
 GREASED _____

CONDITION

ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.
Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Exhaust Sys	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Doors	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mirrors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Head Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Clutch	<input type="checkbox"/>	<input type="checkbox"/>
Glass	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Parking Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gauges	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Battery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tail Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Engine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stop Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fluid Levels	<input checked="" type="checkbox"/>	<input type="checkbox"/>
W'shield Wipers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Back-up Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Seat Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turn Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tires / Spare	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other Items:		
4-Way Flashers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wheels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fire Extinguisher	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transmission	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Emerg Brake	<input checked="" type="checkbox"/>	<input type="checkbox"/>	First Aid Kit	<input type="checkbox"/>	<input type="checkbox"/>
Brakes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Body	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reflector / Flares	<input checked="" type="checkbox"/>	<input type="checkbox"/>

REMARKS: No clutch (Automatic)

Maintenance/Repairs made on items: _____

By: _____

CITY OF JACKSONVILLE

VEHICLE CHECK - REPAIR REQUEST

VEHICLE: 4004 International DATE: Dec 2018
 EMPLOYEE: Scotty Maddy MILEAGE: _____
 AIR FILTER # _____ OIL FILTER: _____
 GREASED _____

CONDITION

ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.
Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Exhaust Sys	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Doors	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mirrors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Head Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Clutch	<input type="checkbox"/>	<input type="checkbox"/>
Glass	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Parking Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gauges	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Battery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tail Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Engine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stop Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fluid Levels	<input checked="" type="checkbox"/>	<input type="checkbox"/>
W'shield Wipers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Back-up Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Seat Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turn Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tires / Spare	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Other Items:</i>		
4-Way Flashers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wheels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fire Extinguisher	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transmission	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Emerg Brake	<input checked="" type="checkbox"/>	<input type="checkbox"/>	First Aid Kit	<input type="checkbox"/>	<input type="checkbox"/>
Brakes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Body	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reflector / Flares	<input checked="" type="checkbox"/>	<input type="checkbox"/>

REMARKS: No clutch (Automatic)

Maintenance/Repairs made on items: _____

By: _____ Date: _____

CITY OF JACKSONVILLE

VEHICLE CHECK - REPAIR REQUEST

VEHICLE: 4004 International DATE: JAN 2019
 EMPLOYEE: Seattly Maddy MILEAGE: _____
 AIR FILTER # _____ OIL FILTER: _____
 GREASED: _____

CONDITION

ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.
Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Exhaust Sys	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Doors	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mirrors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Head Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Clutch	<input type="checkbox"/>	<input type="checkbox"/>
Glass	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Parking Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gauges	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Battery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tail Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Engine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stop Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fluid Levels	<input checked="" type="checkbox"/>	<input type="checkbox"/>
W'shield Wipers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Back-up Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Seat Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turn Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tires / Spare	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Other Items:</i>		
4-Way Flashers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wheels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fire Extinguisher	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transmission	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Emerg Brake	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Elect Aid Kit	<input type="checkbox"/>	<input type="checkbox"/>
Brakes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Body	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reflector / Flares	<input checked="" type="checkbox"/>	<input type="checkbox"/>

REMARKS: No clutch (Automatic)

Maintenance/Repairs made on items: _____

By: _____

CITY OF JACKSONVILLE

VEHICLE CHECK - REPAIR REQUEST

VEHICLE: 4004 International DATE: Feb 2019
 EMPLOYEE: Scotty Maddox MILEAGE: _____
 AIR FILTER # _____ OIL FILTER: _____
 GREASED: _____

CONDITION

ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.
Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Exhaust Sys	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Doors	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mirrors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Head Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Clutch	<input type="checkbox"/>	<input type="checkbox"/>
Glass	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Parking Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gauges	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Battery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tail Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Engine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stop Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fluid Levels	<input checked="" type="checkbox"/>	<input type="checkbox"/>
W/shield Wipers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Back-up Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Seat Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turn Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tires / Spare	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other Items:		
4-Way Flashers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wheels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fire Extinguisher	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transmission	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Emerg Brakes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Emergency Kit	<input type="checkbox"/>	<input type="checkbox"/>
Brakes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Body	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reflector / Flares	<input checked="" type="checkbox"/>	<input type="checkbox"/>

REMARKS: No clutch (Automatic)

Maintenance/Repairs made on items: _____

By: _____

CITY OF JACKSONVILLE

VEHICLE CHECK - REPAIR REQUEST

VEHICLE: 4004 International DATE: MARCH 2019
 EMPLOYEE: Scotty Maddy MILEAGE: _____
 AIR FILTER # _____ OIL FILTER: _____
 GREASED: _____

CONDITION

ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.
Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Exhaust Sys	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Doors	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mirrors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Head Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Clutch	<input type="checkbox"/>	<input type="checkbox"/>
Glass	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Parking Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gauges	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Battery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tail Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Engine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stop Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fluid Levels	<input checked="" type="checkbox"/>	<input type="checkbox"/>
W'shield Wipers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Back-up Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Seat Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turn Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tires / Spare	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Other Items:</i>		
4-Way Flashers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wheels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fire Extinguisher	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transmission	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Emerg Brakes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	First Aid Kit	<input type="checkbox"/>	<input type="checkbox"/>
Brakes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Body	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reflector / Flares	<input checked="" type="checkbox"/>	<input type="checkbox"/>

REMARKS: No clutch (Automatic)

Maintenance/Repairs made on items: _____

By: _____ Date: _____

CITY OF JACKSONVILLE

VEHICLE CHECK - REPAIR REQUEST

VEHICLE: 4073 DATE: 5-14-18
 EMPLOYEE: Bob Hank MILEAGE: _____
 AIR FILTER # _____ OIL FILTER: _____
 GREASED: _____

CONDITION

ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.
Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Exhaust Sys	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Doors	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mirrors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Head Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Clutch	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Glass	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Parking Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gauges	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Battery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tail Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Engine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stop Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fluid Levels	<input checked="" type="checkbox"/>	<input type="checkbox"/>
W'shield Wipers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Back-up Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Seat Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turn Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tires / Spare	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Other Items:</i>		
4-Way Flashers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wheels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fire Extinguisher	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transmission	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Emerg Brake	<input checked="" type="checkbox"/>	<input type="checkbox"/>	First Aid Kit	<input type="checkbox"/>	<input type="checkbox"/>
Brakes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Body	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reflector / Flares	<input checked="" type="checkbox"/>	<input type="checkbox"/>

REMARKS: _____

Maintenance/Repairs made on items: _____

By: Bob Hank

CITY OF JACKSONVILLE

VEHICLE CHECK - REPAIR REQUEST

VEHICLE: 4073 DATE: 12-19
 EMPLOYEE: Bob Wood MILEAGE: _____
 AIR FILTER # _____ OIL FILTER: _____
 GREASED: _____

CONDITION

ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.
Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Exhaust Sys	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Doors	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mirrors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Head Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Clutch	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Glass	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Parking Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gauges	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Battery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tail Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Engine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stop Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fluid Levels	<input checked="" type="checkbox"/>	<input type="checkbox"/>
W'shield Wipers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Back-up Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Seat Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turn Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tires / Spare	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other Items		
4-Way Flashers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wheels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fire Extinguisher	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transmission	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Emerg Brake	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Electrical Kit	<input type="checkbox"/>	<input type="checkbox"/>
Brakes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Body	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reflector / Flares	<input checked="" type="checkbox"/>	<input type="checkbox"/>

REMARKS: _____

Maintenance/Repairs made on items: _____

By: Bob Wood

Date: _____

CITY OF JACKSONVILLE

VEHICLE CHECK - REPAIR REQUEST

VEHICLE: 4077 DATE: June 2018
 EMPLOYEE: Joseph Davato MILEAGE: _____
 AIR FILTER # _____ OIL FILTER: _____
 GREASED: _____

CONDITION

ITEM	Sat	Unsat.	ITEM	Sat	Unsat.	ITEM	Sat	Unsat.
Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Exhaust Sys	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Doors	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mirrors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Head Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Clutch	<input type="checkbox"/>	<input type="checkbox"/>
Glass	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Parking Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gauges	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Battery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tail Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Engine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stop Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fluid Levels	<input checked="" type="checkbox"/>	<input type="checkbox"/>
W'shield Wipers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Back-up Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Seat Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turn Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tires / Spare	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Other Items:		
4-Way Flashers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wheels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fire Extinguisher	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transmission	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Emerg Brake	<input checked="" type="checkbox"/>	<input type="checkbox"/>	First Aid Kit	<input type="checkbox"/>	<input type="checkbox"/>
Brakes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Body	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reflector / Flares	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS: Need Bedliner

Maintenance/Repairs made on items: _____

By: Joseph Davato

Date: June 2018

CITY OF JACKSONVILLE

VEHICLE CHECK - REPAIR REQUEST

VEHICLE: 4077 DATE: July 2018
 EMPLOYEE: Joseph Garza MILEAGE: _____
 AIR FILTER # _____ OIL FILTER: _____
 GREASED: _____

CONDITION

ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.
Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Exhaust Sys	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Doors	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mirrors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Head Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Clutch	<input type="checkbox"/>	<input type="checkbox"/>
Glass	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Parking Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gauges	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Battery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tail Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Engine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stop Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fluid Levels	<input checked="" type="checkbox"/>	<input type="checkbox"/>
W'shield Wipers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Back-up Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Seat Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turn Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tires / Spare	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Other Items:</i>		
4-Way Flashers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wheels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fire Extinguisher	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transmission	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Emerg Brake	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Electrical Kit	<input type="checkbox"/>	<input type="checkbox"/>
Brakes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Body	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reflector / Flares	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS: Need Bedliner

Maintenance/Repairs made on items: _____

By: Joseph Garza

Date: _____

CITY OF JACKSONVILLE

VEHICLE CHECK - REPAIR REQUEST

VEHICLE: 4077 DATE: November 2018
 EMPLOYEE: Joseph Garoto MILEAGE: _____
 AIR FILTER # _____ OIL FILTER: _____
 GREASED: _____

CONDITION

ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.
Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Exhaust Sys	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Doors	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mirrors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Head Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Clutch	<input type="checkbox"/>	<input type="checkbox"/>
Glass	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Parking Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gauges	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Battery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tail Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Engine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stop Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fluid Levels	<input checked="" type="checkbox"/>	<input type="checkbox"/>
W'shield Wipers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Back-up Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Seat Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turn Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tires / Spare	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Other Items:</i>		
4-Way Flashers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wheels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fire Extinguisher	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transmission	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Emerg Brake	<input checked="" type="checkbox"/>	<input type="checkbox"/>	First Aid Kit	<input type="checkbox"/>	<input type="checkbox"/>
Brakes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Body	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reflector / Flares	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS: Need Bedliner

Maintenance/Repairs made on items: _____

By: Joseph Garoto

Date: _____

CITY OF JACKSONVILLE

VEHICLE CHECK - REPAIR REQUEST

VEHICLE: 4077 DATE: January 2019
 EMPLOYEE: *Joseph Davate* MILEAGE: _____
 AIR FILTER # _____ OIL FILTER: _____
 GREASED: _____

CONDITION

ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.
Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Exhaust Sys	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Doors	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mirrors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Head Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Clutch	<input type="checkbox"/>	<input type="checkbox"/>
Glass	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Parking Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gauges	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Battery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tail Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Engine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stop Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fluid Levels	<input checked="" type="checkbox"/>	<input type="checkbox"/>
W'shield Wipers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Back-up Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Seat Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turn Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tires / Spare	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Other Items:</i>		
4-Way Flashers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wheels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fire Extinguisher	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transmission	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Emerg Brake	<input checked="" type="checkbox"/>	<input type="checkbox"/>	First Aid Kit	<input type="checkbox"/>	<input type="checkbox"/>
Brakes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Body	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reflector / Flares	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS: Need Bedliner

Maintenance/Repairs made on items: _____

By: *Joseph Davate*

Date: _____

CITY OF JACKSONVILLE

VEHICLE CHECK - REPAIR REQUEST

VEHICLE: 4077 DATE: February 2019
 EMPLOYEE: Joseph Davata MILEAGE: _____
 AIR FILTER # _____ OIL FILTER: _____
 GREASED: _____

CONDITION

ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.	ITEM	Sat.	Unsat.
Horn	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Exhaust Sys	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Doors	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mirrors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Head Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Clutch	<input type="checkbox"/>	<input type="checkbox"/>
Glass	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Parking Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gauges	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Battery	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tail Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Engine	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Stop Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fluid Levels	<input checked="" type="checkbox"/>	<input type="checkbox"/>
W'shield Wipers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Back-up Lights	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Seat Belts	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Turn Signal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tires / Spare	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<i>Other Items:</i>		
4-Way Flashers	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wheels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Fire Extinguisher	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transmission	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Emerg Brake	<input checked="" type="checkbox"/>	<input type="checkbox"/>	First Aid Kit	<input type="checkbox"/>	<input type="checkbox"/>
Brakes	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Body	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Reflector / Flares	<input type="checkbox"/>	<input type="checkbox"/>

REMARKS: Need Bedliner

Maintenance/Repairs made on items: _____

By: Joseph Davata

Date: _____

