metro

MOUNTAIN METROPOLITAN TRANSIT

City of Colorado Springs
MAINTENANCE FORM FOR PM'S & REPAIRS

Vehicle Number:_____   Operator Name:_____

Vehicle Location:_____   Operator Phone #_____

Vehicle Mileage:_____   Vehicle Make/Model:_____

Date Dropped Off:_____   Time Dropped Off:_____

Scheduled Preventive Maintenance: ☐

Unscheduled Maintenance: ☐

Please check off below what type of problem/problems you having with the vehicle.

Vehicle Operating Systems		Comments
Cab/Body Interior and exterior	☐	
Windshield/Windows	☐	
Doors	☐	
Head lights and turn signals	☐	
Safety Equipment	☐	
Warning System	☐	
Windshield Wiper System	☐	
Exhaust System	☐	
Steering System	☐	
Engine	☐	
Ignitions system	☐	
Emission System	☐	
Air/Heating System	☐	
Brakes System	☐	
Suspension/Frame	☐	
Wheel, Tires, Rims	☐	
Battery	☐	
Fueling System	☐	
Cooling System	☐	
Detail Cleaning and Washing	☐	

Further Comments: