UTV Make and Model\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date or Week starting:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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|  | Monday  | Tuesday  | Wednesday  | Thursday  | Friday  | Saturday  | Sunday  |
| **Inspection completed by >>>** |  |  |  |  |  |  |  |
| Tire air pressure  |   |   |   |   |   |   |   |
| Tire tread & sidewall condition  |   |   |   |   |   |   |   |
| Tires Seated Properly on RIms |  |  |  |  |  |  |  |
| Wheel wells free of debris |  |  |  |  |  |  |  |
| Coolant, Fluid leaks |  |  |  |  |  |  |  |
| Exhaust pipe secure |  |  |  |  |  |  |  |
| Oil level and condition |  |  |  |  |  |  |  |
| Air filter |  |  |  |  |  |  |  |
| Head lights Working |  |  |  |  |  |  |  |
| Tail lights Working  |  |  |  |  |  |  |  |
| Fire extinguisher charged |  |  |  |  |  |  |  |
| Shovel and/or traction pads |  |  |  |  |  |  |  |
| Seat Belts and Buckles |  |  |  |  |  |  |  |
| Fuel level |  |  |  |  |  |  |  |
| Engine starts normally |   |   |   |   |   |   |   |
| Brakes Working |  |  |  |  |  |  |  |
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Add inspection items as appropriate to table above.

Initial each section to indicate that the equipment was in good condition. Record any issues (e.g. damage, excessive wear, debris, etc.) in the “Comment and Correction Action” section below. Add additional sheets as needed. Maintain records of inspection for a minimum of two years.

Comments and/or corrective actions (add pages as necessary):

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