**Monthly Record of Maintenance, Lubrication & Periodic Inspection**

Unit number Owner

Month Year Location

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Service performed | Cost | Performed by |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Lubrication Record |
| Date Greased | Date Oil and Filter Changed |
|  |  |
|  |  |
|  |  |
|  |  |

**Record of Periodic Inspection**

I hereby certify that the above described vehicle has been inspected by me and that it meets or exceeds all the requirements set forth in state and local rules, and FMCSR 396.

Signed Date