

**HILLSBOROUGH COUNTY SHERIFF'S OFFICE**  
**SCHEDULED MAINTENANCE INSPECTION FORM**

Vehicle: \_\_\_\_\_ HCSO Work Order Number: \_\_\_\_\_

Vehicle Year/Make/Model: \_\_\_\_\_ Mileage: \_\_\_\_\_

SELECT APPROPRIATE BOX FOR INSPECTION RESULTS:

**Inspect Fluid Levels**

	<u>OK</u>	<u>FILL</u>
Window Washer	<input type="checkbox"/>	<input type="checkbox"/>
Power Steering	<input type="checkbox"/>	<input type="checkbox"/>
Coolant/Antifreeze	<input type="checkbox"/>	<input type="checkbox"/>
Transmission	<input type="checkbox"/>	<input type="checkbox"/>
Brake – condition of fluid	<input type="checkbox"/>	<input type="checkbox"/>
Brake – fluid level	<input type="checkbox"/>	<input type="checkbox"/>

SELECT APPROPRIATE BOX FOR INSPECTION RESULTS:

**Inspect Following Components:**

	<u>PASS</u>	<u>FAIL</u>
Belts & Tensioner	<input type="checkbox"/>	<input type="checkbox"/>
Hoses	<input type="checkbox"/>	<input type="checkbox"/>
Shocks & Struts	<input type="checkbox"/>	<input type="checkbox"/>
Suspension	<input type="checkbox"/>	<input type="checkbox"/>
Exhaust	<input type="checkbox"/>	<input type="checkbox"/>
Wheel Bearings	<input type="checkbox"/>	<input type="checkbox"/>
Fuel Pump Connector Check	<input type="checkbox"/>	<input type="checkbox"/>

**Battery and Cables**

Battery & Cables (load test): \_\_\_\_\_  
Battery Voltage: \_\_\_\_\_

Alternator Voltage: \_\_\_\_\_  
Alternator Amps: \_\_\_\_\_

**Inspect Brakes**

Rotor Specifications  
(Manufacturer's Specifications)  
LF \_\_\_\_\_ mm  
RF \_\_\_\_\_ mm  
LR \_\_\_\_\_ mm  
RR \_\_\_\_\_ mm

Brake Pad Thickness  
(Sedan – Min. 5mm or 0.1969 in.)  
(Truck/SUV/Van – Min. 6mm or 0.2362 in.)  
LF \_\_\_\_\_ mm  
RF \_\_\_\_\_ mm  
LR \_\_\_\_\_ mm  
RR \_\_\_\_\_ mm

**Inspect Tires** (Min. 5/32 in.)

Tread Depth

LF \_\_\_\_\_ /32nds  
RF \_\_\_\_\_ /32nds  
LR \_\_\_\_\_ /32nds  
RR \_\_\_\_\_ /32nds

Tire Pressure

LF \_\_\_\_\_ PSI  
RF \_\_\_\_\_ PSI  
LR \_\_\_\_\_ PSI  
RR \_\_\_\_\_ PSI

Tire Production Date

LF \_\_\_\_\_  
RF \_\_\_\_\_  
LR \_\_\_\_\_  
RR \_\_\_\_\_

Recommendation: \_\_\_\_\_

Technician: \_\_\_\_\_ ABN/ID: \_\_\_\_\_ Date: \_\_\_\_\_