

Appendix PS3-A

# Community Safety Officer Vehicle Mileage Report

## Community Safety Officer Vehicle Mileage Report

**Report Month:** \_\_\_\_\_ (*please specify the work month*)

**Starting kilometers:** \_\_\_\_\_ **Ending kilometers:** \_\_\_\_\_

**Are all fluids checked and filled as needed?** \_\_\_\_\_ *If not, please explain.*

**Do the windows have any cracks or chips?** \_\_\_\_\_ *If yes, please describe.*

**Is the interior of the vehicle clean?** \_\_\_\_\_

**Has the body of the vehicle sustained any damage?** \_\_\_\_\_ *If yes, please describe and fill out an accident report.*

**Are there any other mechanical or preventative maintenance issues to report, ex: oil change?** \_\_\_\_\_

**Is the equipment that was issued with the vehicle, organized, available and in working order?** *If not, explain.*

Signature:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Community Safety Officer