

5310 NP Basic Maintenance Log Sheet

(List all Preventive Maintenance Activities conducted on the Vehicle)

Agency Name: _____

Complete VIN: _____ Plate Number: _____ Ending Mileage: _____

Date	Mileage	Garage Name	Type of Maintenance

Additional Comments:

Agency Staff Signature: _____ Date: _____

Date Log was verified by TDOT Staff: _____ Staff Name: _____

Number of Deficiencies: _____ Type of Deficiency: _____