

Maintenance Records for Week of: _____ / _____ / _____
Month Day Year

DAILY ITEMS

Item And Action	✓	SUN	MON	TUE	WED	THU	FRI	SAT
Days in Operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recovery Filter Bag, Cleaned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High-Pressure Pump Oil Level, Checked and Adjusted, if needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vacuum/Blower Oil Level(s), Checked and Adjusted, if needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vacuum/Blower Lobes Lubricated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Check Vehicle Fluid Levels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WEEKLY ITEMS (Check that items have been completed and their condition.)

✓ Item And Action	✓	Excellent	Good	Fair	Poor	Replaced
<input type="checkbox"/> Recovery Tank Screen Filter, Cleaned	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Vacuum/Blower Belts, Inspect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> High-Pressure Pump Belt, Inspect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Front End Belts, Inspect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Detergent Strainer, Clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Hoses (All) Inspect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Visual Inspection Leaks and/or Damages						
Gauge Readings (with machine operating normally)						
Tachometer	Record Reading:	_____				
Vacuum Gauge	Record Reading:	_____				
Pressure Gauge	Record Reading:	_____				
Temperature Gauge	Record Reading:	_____				
Hour Meter	Record Reading:	_____				
Vehicle Odometer	Record Reading:	_____				

MONTHLY ITEMS (Complete only if performed this week.)

- Vacuum/Blower, Flush and Lubricate Lobes
- Vacuum/Blower, Grease Fittings (when equipped)
- Vacuum Relief Valve, Test Movement and Lubricate
- Floor Wand(s), Clean In-Line Filter(s)
- Stair Tool, Clean In-Line Filter
- Inlet Water Strainers, Clean and Inspect
- Vacuum Reel, Grease Vacuum Hose Reel Swivel
- Park Interlock System, Test System

ITEMS TO SERVICE AT 50/500 HOURS (minimum every six months)

(Complete only if performed this week.)

- High-Pressure Pump Oil Change
- Vacuum/Blower Oil(s) Changed
- Check that all nuts and bolts are tight

VEHICLE SERVICE ITEMS (Complete only if performed this week.)

Vehicle Engine Oil and Filter Change Date: _____ / _____ / _____ Mileage _____
 Other Vehicle Maintenance Date: _____ / _____ / _____ Mileage _____
 Month Day Year

Comments: _____

WEEK

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