

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 (See Obtaining Gauge Readings in Diagnostic Checks Section of the Owner's Manual)							
	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.)	
<input type="checkbox"/>	Vacuum/Blower, Flush and Lubricate Lobes
<input type="checkbox"/>	Vacuum/Blower, Grease Fittings (when equipped)
<input type="checkbox"/>	Vacuum Relief Valve, Test Movement and Lubricate
<input type="checkbox"/>	Floor Wand(s), Clean In-Line Filter(s)
<input type="checkbox"/>	Stair Tool, Clean In-Line Filter
<input type="checkbox"/>	Inlet Water Strainers, Clean and Inspect
<input type="checkbox"/>	Vacuum Reel, Grease Vacuum Hose Reel Swivel
<input type="checkbox"/>	Park Interlock System, Test System

ITEMS TO SERVICE AT 50/500 HOURS (minimum every six months) (Complete only if performed this week.)	
<input type="checkbox"/>	High-Pressure Pump Oil Change
<input type="checkbox"/>	Vacuum/Blower Oil(s) Changed
<input type="checkbox"/>	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	_____
	<small>Month Day Year</small>		

Comments: _____

