



SAN RAMON POLICE DEPARTMENT

1 PREVENTIVE MAINTENANCE CHECK LIST # 1

VEHICLE #	ODOMETER	V.I.N.# (last 8 digits)
YEAR	MAKE	MODEL

P.M.1 ON LIFT

X	Change engine oil & filter (use oil recommended by vehicle manufacturer)
X	Check for noticeable fluid leaks
X	Inspect front suspension
X	Check steering linkage
X	Lube suspension & rubber bushings where possible
X	Check front wheel bearing play
X	Inspect rear suspension
X	Check rear axle lubricant level
X	Inspect u-joints
X	Check all (4) brakes LF____/MM RF____/MM LR____/MM RR____/MM
X	Inspect brake hoses
X	Check all (4) tires LF____/32" RF____/32" LR____/32" RR____/32"
X	Rotate tires (cross front tires and move to the rear; move rear tires straight forward)
X	Inspect tires & adjust tire pressure to factory specifications
X	Inspect exhaust system

UNDER HOOD

X	Check engine oil level
X	Check / top off automatic transmission fluid
X	Inspect hoses
X	Check / top off coolant level; IF LOW, perform cooling system pressure check
X	Check top off brake fluid
X	Check / top off power steering fluid
X	Inspect accessory belt condition and tension
X	Check / Refill windshield washer reservoir with w.s. washer solution (not water)

BODY

X	Lubricate driver door hinges
X	Silicone spray driver door window tracks
X	Check headlights, tail lights, turn signals, brake lights and horn for proper operation
	Adjust front end alignment

OTHER: _____

COMPLETED BY: _____ DATE: _____
TECHNICIAN SIGNATURE



SAN RAMON POLICE DEPARTMENT

2 PREVENTIVE MAINTENANCE CHECK LIST # 2

VEHICLE #	ODOMETER	V.I.N.# (last 8 digits)
YEAR	MAKE	MODEL

P.M.2 ON LIFT

X		Change engine oil & filter (use oil recommended by vehicle manufacturer)
X		Check for noticeable fluid leaks
X		Inspect front suspension
X		Check steering linkage
X		Lube suspension & rubber bushings where possible
X		Check front wheel bearing play
X		Inspect rear suspension
X		Check rear axle lubricant level
X		Inspect u-joints
X		Check all (4) brakes LF____/MM RF____/MM LR____/MM RR____/MM
X		Inspect brake hoses
X		Check all (4) tires LF____/32" RF____/32" LR____/32" RR____/32"
X		Rotate tires (cross front tires and move to the rear; move rear tires straight forward)
X		Inspect tires & adjust tire pressure to factory specifications
X		Inspect exhaust system

UNDER HOOD

X		Check engine oil level
X		Check / top off automatic transmission fluid
X		Inspect hoses
X		Check / top off coolant level; IF LOW, perform cooling system pressure check
X		Check / top off brake fluid
X		Check / top off power steering fluid
X		Inspect accessory belt condition and tension
X		Check / Refill windshield washer reservoir with w.s. washer solution (not water)

BODY

X		Lubricate driver door hinges
X		Silicone spray driver door window tracks
X		Graphite lube ignition, door and trunk lock cylinders
X		Waxlube hood and front door rubber snubbers
X		Check headlights, tail lights, turn signals, brake lights and horn for proper operation

ADDITIONAL TASKS

X		Test & Perform Battery Service (do not use spray protectant)
X		Replace air filter
		Adjust front end alignment

OTHER: _____

COMPLETED BY: _____ DATE: _____
TECHNICIAN SIGNATURE



SAN RAMON POLICE DEPARTMENT

3 PREVENTIVE MAINTENANCE CHECK LIST # 3

VEHICLE # _____ ODOMETER _____ V.I.N.# (last 8 digits) _____

YEAR _____ MAKE _____ MODEL _____

P.M.3 ON LIFT

<input checked="" type="checkbox"/>	Change engine oil & filter (use oil recommended by vehicle manufacturer)
<input checked="" type="checkbox"/>	Check for noticeable fluid leaks
<input checked="" type="checkbox"/>	Inspect front suspension
<input checked="" type="checkbox"/>	Check steering linkage
<input checked="" type="checkbox"/>	Lube suspension & rubber bushings where possible
<input checked="" type="checkbox"/>	Check front wheel bearing play
<input checked="" type="checkbox"/>	Inspect rear suspension
<input checked="" type="checkbox"/>	Change rear axle lubricant
<input checked="" type="checkbox"/>	Inspect u-joints
<input checked="" type="checkbox"/>	Check all (4) brakes LF____/MM RF____/MM LR____/MM RR____/MM
<input checked="" type="checkbox"/>	Inspect brake hoses
<input checked="" type="checkbox"/>	Check all (4) tires LF____/32" RF____/32" LR____/32" RR____/32"
<input checked="" type="checkbox"/>	Rotate tires (cross front tires and move to the rear; move rear tires straight forward)
<input checked="" type="checkbox"/>	Inspect tires & adjust tire pressure to factory specifications
<input checked="" type="checkbox"/>	Inspect exhaust system

UNDER HOOD

<input checked="" type="checkbox"/>	Check engine oil level
<input checked="" type="checkbox"/>	Check / top off automatic transmission fluid
<input checked="" type="checkbox"/>	Inspect hoses
<input checked="" type="checkbox"/>	Check / top off brake fluid
<input checked="" type="checkbox"/>	Check / top off power steering fluid
<input checked="" type="checkbox"/>	Inspect accessory belt condition and tension
<input checked="" type="checkbox"/>	Check / Refill windshield washer reservoir with w.s. washer solution (not water)

BODY

<input checked="" type="checkbox"/>	Lubricate driver door hinges
<input checked="" type="checkbox"/>	Graphite lube ignition, door and trunk lock cylinders
<input checked="" type="checkbox"/>	Waxlube hood and front door rubber snubbers
<input checked="" type="checkbox"/>	Silicone spray driver door window tracks
<input checked="" type="checkbox"/>	Check headlights, tail lights, turn signals, brake lights and horn for proper operation

ADDITIONAL TASKS

<input checked="" type="checkbox"/>	Replace automatic trans. fluid and filter (including torque converter where applicable)
<input checked="" type="checkbox"/>	Repack front wheel bearings where applicable
<input checked="" type="checkbox"/>	Flush / Replace brake fluid
<input checked="" type="checkbox"/>	Replace fuel filter (except "in tank" filter)
<input checked="" type="checkbox"/>	Pressure check cooling system / Flush system / Replace anti-freeze/coolant (50%-50% mix)
<input checked="" type="checkbox"/>	Test & Perform Battery Service (do not use spray protectant)
<input checked="" type="checkbox"/>	Replace air filter
<input type="checkbox"/>	Adjust front end alignment

OTHER: _____

COMPLETED BY: _____ DATE: _____

 TECHNICIAN SIGNATURE



SAN RAMON POLICE DEPARTMENT

#2 PREVENTIVE MAINTENANCE CHECK LIST #2

2019 FORD F550 (BEARCAT)

USE ONLY OEM DEALER PARTS UNLESS OTHERWISE SPECIFIED

VEHICLE # **6064**

ODOMETER

V.I.N.# **KEC36246**

P.M.2 ON LIFT

X		Change engine oil & filter
X		Check for noticeable leaks
X		Inspect front suspension and bushings
X		Check steering linkage
X		Lube suspension where applicable
X		Check front wheel bearing play
X		Inspect u-joints
X		Inspect rear suspension
X		Check brakes LF____/MM RF____/MM LR____/MM RR____/MM
X		Check tires LF____/32" RF____/32" LR____/32" RR____/32"
X		5 Tire Rotation (Lugnut Torque 165 Ft. Lbs., Rim Halves Torque 200 Ft. Lbs.)
X		Inspect Tires & Adjust Pressure (75 Psi) <input type="checkbox"/>
X		Inspect Exhaust System
X		Check/Top Off Transfer Case Fluid

UNDER HOOD

X		Check Engine Oil Level
X		Inspect Hoses
X		Check/ Top Off Coolant Reservoirs; If Low, Perform Sytem Pressure Test
X		Check/ Top Off Power Steering Fluid
X		Inspect Accessory Drive Belt And Tension
X		Check/ Refill Windshield Washer Fluid (Water Only)
X		Top Off Diesel Exhaust Fluid (Unless 1/2 Full Or Higher)
X		Inspect Fuel & Water Seperator (Drain If Necessary)

BODY

X		Check All Exterior Lights and Horn Operation
---	--	--

ADDITIONAL TASKS

X		Test & Perform Battery Service
X		Replace Air Filter
X		Replace Both Fuel Filters
X		Replace Automatic Transmission Fluid & Filter
X		Flush/ Replace Brake Fluid
X		Replace Engine And Secondary Cooling Systems Coolant
X		Replace Front & Rear Differential Fluids
X		Replace Transfer Case Fluid

OTHER: _____

COMPLETED BY: _____ DATE: _____

TECHNICIAN SIGNATURE



PUBLIC WORKS DEPARTMENT

1 PREVENTIVE MAINTENANCE CHECK LIST # 1

VEHICLE #	ODOMETER	V.I.N.# (last 8 digits)
YEAR	MAKE	MODEL

P.M.1 ON LIFT

- | | | |
|----------|--|--|
| X | | Change engine oil & filter (use oil recommended by manufacturer) |
| X | | Reset "needs service" indicator |
| X | | Check for noticeable fluid leaks |
| X | | Inspect front suspension |
| X | | Check steering linkage |
| X | | Lubricate/grease all grease fittings including suspension, U-joints, bushings , lift gates, etc. |
| X | | Check front wheel bearing play |
| X | | Adjust front end alignment |
| X | | Inspect rear suspension |
| X | | Check rear axle lubricant level |
| X | | Inspect u-joints |
| X | | Check all (4) brakes LF____/MM RF____/MM LR____/MM RR____/MM |
| X | | Inspect brake hoses |
| X | | Rotate tires (**see notation at bottom of page) |
| X | | Inspect tires & Adjust tire pressure to manufacturers' specifications, recalibrate tire pressure sensors |
| X | | Inspect exhaust system |
| X | | Check transfer case fluid level |
| X | | Replace fuel filter - Diesel Vehicles Only |
| X | | Inspect urea tank - Diesel Vehicles Only |

UNDER HOOD

- | | | |
|----------|--|--|
| X | | Check engine oil level |
| X | | Check / top off automatic transmission fluid |
| X | | Inspect hoses |
| X | | Check / top off coolant level; IF LOW, perform cooling system pressure check |
| X | | Check brake fluid |
| X | | Check power steering fluid |
| X | | Inspect accessory belt condition and tension |
| X | | Check / Refill windshield washer reservoir |
| X | | Check/Replace air filter |
| X | | Check/clean battery terminals, check battery fluid level |

BODY

- | | | |
|----------|--|---|
| X | | Lubricate driver door hinges |
| X | | Silicone spray driver door window tracks |
| X | | Check headlights, tail lights, turn signals, brake lights and horn for proper operation |

**Tire Rotation: _____ Cross front tires and move to the rear; Move rear tires straight forward

OTHER: _____

COMPLETED BY: _____ **DATE:** _____

TECHNICIAN SIGNATURE

PM	Frequency
PM 1	Police/Safety Vehicles: Every 3,000 miles; All Other City Vehicles: Every 5,000 miles
PM 2	Police/Safety Vehicles AND All Other City Vehicles: Every 15,000 miles
PM 3	Police Safety Vehicles AND All Other City Vehicles: Every 30,000 miles



PUBLIC WORKS DEPARTMENT

2 PREVENTIVE MAINTENANCE CHECK LIST # 2

VEHICLE #	ODOMETER	V.I.N.# (last 8 digits)
YEAR	MAKE	MODEL

P.M.2 ON LIFT

<input checked="" type="checkbox"/>	Change engine oil & filter (use oil recommended by manufacturer)
<input checked="" type="checkbox"/>	Reset "needs service" indicator
<input checked="" type="checkbox"/>	Check for noticeable fluid leaks
<input checked="" type="checkbox"/>	Inspect front suspension
<input checked="" type="checkbox"/>	Check steering linkage
<input checked="" type="checkbox"/>	Lubricate/grease all grease fittings including suspension, U-joints, bushings , lift gates, etc.
<input checked="" type="checkbox"/>	Check front wheel bearing play
<input checked="" type="checkbox"/>	Adjust front end alignment
<input checked="" type="checkbox"/>	Inspect rear suspension
<input checked="" type="checkbox"/>	Check rear axle lubricant level
<input checked="" type="checkbox"/>	Inspect u-joints
<input checked="" type="checkbox"/>	Check all (4) brakes LF____/MM RF____/MM LR____/MM RR____/MM
<input checked="" type="checkbox"/>	Inspect brake hoses
<input checked="" type="checkbox"/>	Rotate tires (**see notation at bottom of page)
<input checked="" type="checkbox"/>	Inspect tires & Adjust tire pressure to manufacturers' specifications, recalibrate tire pressure sensors
<input checked="" type="checkbox"/>	Inspect exhaust system
<input checked="" type="checkbox"/>	Check transfer case fluid level
<input checked="" type="checkbox"/>	Replace fuel filter - Diesel and CNG Vehicles Only
<input checked="" type="checkbox"/>	Inspect urea tank - Diesel Vehicles Only

UNDER HOOD

<input checked="" type="checkbox"/>	Check engine oil level
<input checked="" type="checkbox"/>	Check / top off automatic transmission fluid
<input checked="" type="checkbox"/>	Inspect hoses
<input checked="" type="checkbox"/>	Check / top off coolant level; IF LOW, perform cooling system pressure check
<input checked="" type="checkbox"/>	Check brake fluid
<input checked="" type="checkbox"/>	Check power steering fluid
<input checked="" type="checkbox"/>	Inspect accessory belt condition and tension
<input checked="" type="checkbox"/>	Check / Refill windshield washer reservoir
<input checked="" type="checkbox"/>	Check/Replace air filter
<input checked="" type="checkbox"/>	Check/clean battery terminals, check battery fluid level

BODY

<input checked="" type="checkbox"/>	Lubricate driver door hinges
<input checked="" type="checkbox"/>	Silicone spray driver door window tracks
<input checked="" type="checkbox"/>	Graphite lube ignition, door and trunk lock cylinders
<input checked="" type="checkbox"/>	Waxlube hood and front door rubber snubbers
<input checked="" type="checkbox"/>	Check headlights, tail lights, turn signals, brake lights and horn for proper operation
<input checked="" type="checkbox"/>	Inspect CNG Tank

**Tire Rotation: ____ Cross front tires and move to the rear; Move rear tires straight forward

OTHER: _____

COMPLETED BY: _____ **DATE:** _____

 TECHNICAL SIGNATURE

PM	Frequency
PM 1	Police/Safety Vehicles: Every 3,000 miles; All Other City Vehicles: Every 5,000 miles
PM 2	Police/Safety Vehicles AND All Other City Vehicles: Every 15,000 miles
PM 3	Police Safety Vehicles AND All Other City Vehicles: Every 30,000 miles



PUBLIC WORKS DEPARTMENT
3 PREVENTIVE MAINTENANCE CHECK LIST # 3

VEHICLE #	ODOMETER	V.I.N.# (last 8 digits)
YEAR	MAKE	MODEL

P.M.3 ON LIFT

- | | | |
|----------|--|--|
| X | | Change engine oil & filter (use oil recommended by manufacturer) |
| X | | Reset "needs service" indicator |
| X | | Check for noticeable fluid leaks |
| X | | Replace automatic trans. fluid and filter (including torque converter) |
| X | | Inspect front suspension |
| X | | Check steering linkage |
| X | | Lubricate/grease all grease fittings including suspension, U-joints, bushings , lift gates, etc. |
| X | | Check front wheel bearing play |
| X | | Repack front wheel bearings where applicable |
| X | | Adjust front end alignment |
| X | | Inspect rear suspension |
| X | | Check rear axle lubricant level |
| X | | Inspect u-joints |
| X | | Check all (4) brakes LF____/MM RF____/MM LR____/MM RR____/MM |
| X | | Inspect brake hoses |
| X | | Flush / Replace brake fluid |
| X | | Rotate tires (**see notation at bottom of page) |
| X | | Inspect tires & Adjust tire pressure to manufacturers' specifications, recalibrate tire pressure sensors |
| X | | Inspect exhaust system |
| X | | Check transfer case fluid level |
| X | | Replace fuel filter - All Vehicles |
| X | | Inspect urea tank - Diesel Vehicles Only |

UNDER HOOD

- | | | |
|----------|--|--|
| X | | Check engine oil level |
| X | | Check / top off automatic transmission fluid |
| X | | Inspect hoses |
| X | | Pressure check cooling system / Flush system / Replace anti-freeze/coolant (50%-50% mix) |
| X | | Check brake fluid |
| X | | Check power steering fluid |
| X | | Inspect accessory belt condition and tension |
| X | | Check / Refill windshield washer reservoir |
| X | | Remove / Clean battery terminals (do not use spray protectant) |
| X | | Replace air filter |

BODY

- | | | |
|----------|--|---|
| X | | Lubricate driver door hinges |
| X | | Graphite lube ignition, door and trunk lock cylinders |
| X | | Waxlube hood and front door rubber snubbers |
| X | | Silicone spray driver door window tracks |
| X | | Check headlights, tail lights, turn signals, brake lights and horn for proper operation |
| X | | Inspect CNG Tank |

**Tire Rotation: ____ Cross front tires and move to the rear; Move rear tires straight forward

OTHER: _____

COMPLETED BY: _____ **DATE:** _____

TECHNICIAN SIGNATURE

PM	Frequency
PM 1	Police/Safety Vehicles: Every 3,000 miles; All Other City Vehicles: Every 5,000 miles
PM 2	Police/Safety Vehicles AND All Other City Vehicles: Every 15,000 miles
PM 3	Police Safety Vehicles AND All Other City Vehicles: Every 30,000 miles



PUBLIC WORKS DEPARTMENT
4 PREVENTIVE MAINTENANCE CHECK LIST # 4

Annual Parks and Community Services Transportation Vehicles

VEHICLE #	ODOMETER	V.I.N.# (last 8 digits)
YEAR	MAKE	MODEL

Once per year Provide Disable Lift preventive maintenance checklist:

P.M.4 ON LIFT

<input checked="" type="checkbox"/>	Check for leaks
<input checked="" type="checkbox"/>	Fill all fluid levels
<input checked="" type="checkbox"/>	Clean area
<input checked="" type="checkbox"/>	Level ramp
<input checked="" type="checkbox"/>	Lubricate joints
<input checked="" type="checkbox"/>	Check and repair floor fold switch adjust mechanism
<input checked="" type="checkbox"/>	Service safety belt on handrail
<input checked="" type="checkbox"/>	Check stow latch

Once per year inspect bus seat upholstery check list

<input checked="" type="checkbox"/>	Check seat belts
<input checked="" type="checkbox"/>	Check for tears
<input checked="" type="checkbox"/>	Check for foam cushioning no springs visible

OTHER: _____

COMPLETED BY: _____ **DATE:** _____

 TECHNICIAN SIGNATURE

PM	Frequency
PM 1	Police/Safety Vehicles: Every 3,000 miles; All Other City Vehicles: Every 5,000 miles
PM 2	Police/Safety Vehicles AND All Other City Vehicles: Every 15,000 miles
PM 3	Police Safety Vehicles AND All Other City Vehicles: Every 30,000 miles