



## VAN MONTHLY CLEANING CHECKLIST

Vehicle Description: \_\_\_\_\_ License #: \_\_\_\_\_

Item	Jan.	Feb.	March	April	May	June	July	August	Sept.	Oct.	Nov.	Dec.
Using vender, Outside washed												
Clean windows												
Wipe down interior												
Wipe down seats												
Vacuum and clean floor												
Check on emergency equipment												
Service Person												

\*Please use check mark as completed and write name of person performing the cleaning.