TIME AND VEHICLE USAGE DATA					
(Enter Number of Hours (rounded up) Under the Appropriate Use Category)					
TIMES USED	ADMIN	CADET ACTIVITIES	MISSION SUPPORT	OTHER	OTHER DESCRIPTION
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					
26.					
* ANNO	TATE TOTAL	ANIMDED TO	AEC LICED DA	THE LIDDED A	EFT SECTION OF BLOCK

^{*} ANNOTATE TOTAL NUMBER TIMES USED IN THE UPPER LEFT SECTION OF BLOCK

	CAP VEHICLE INSPECTION GUIDE AND USAGE DATA				
MON	VTH / YEAR	END OF MONTH ODOMETER READING			
WIN	G / REGION	CHARTER			
VEH	ICLE IDENTIFICATION NO. (VIN)	YEAR OF VEHICLE			
VEH	ICLE MAKE	VEHICLE	MODEL	FIELD ID NO.	
	ITEMS TO BE CH	HECKED DA	AILY		
	(operator's signature required on inside page to verify inspection)				
1.	REGISTRATION / PROOF OF INSURANCE				
2.	DAMAGE (exterior and interior, missing parts)				
3.	TIRES (visually check for damage / abnormalities)				
4.	CHECK FLUID LEVELS (oil, transmission, brake, power steering and coolant) (check according to manufacturers instructions.				
5.	BATTERY CONDITION				
6.	LEAKS (visually check fuel / oil / coolant)				
7.	DRIVE BELTS / HOSES (visually check for fraying or cracking)				
8.	LIGHTS (visually check for proper operation)				
9.	BACK UP ALARM/ REAR CAMERAS/ EMERGENCY FLASHERS (functionally check proper operation)				
10.	SAFETY DEVICES (seatbelts / harness, headrests, etc.)				
11.	INSTRUMENTS / HORN (functionally check proper operation)				
12.	WINDSHIELD WIPERS / WASHER (functionally check for proper operation / condition)				
13.	BRAKES / STEERING (functionally check responsive / effective / smooth)				
14.	MIRRORS (rearview / side)				
15.	EXHAUST SYSTEM				
16.	WINDOWS (functionally check proper operation)				
17.	RADIO MOUNTS (CAP added equipment)				
18.	CURRENT STATE INSPECTION STICKER (if applicable)				
19.	TIRE PRESSURE (checked monthly – requi	res signature d	and date belov	v)	
	Signature: Do			med:	

CAP FORM 73, FEB 15 PREVIOUS EDITIONS WILL NOT BE USED AFTER 30 APR 15 OPR/ROUTING: LGT

 $[\]ast\,$ ANNOTATE TOTAL NUMBER OF HOURS IN THE LOWER RIGHT SECTION OF BLOCK

	VEHICLE OPERATOR DISCREPANCY REPORT			
ITEM NO.	DISCREPANCY	DATE FOUND		

		R/INSPECTOR			
DAY	DRIVER CAPID	INSPECTOR CAPID	DAY	DRIVER CAPID	INSPECTOR CAPID
1			17		
2			18		
3			19		
4			20		
5			21		
6			22		
7			23		
8			24		
9			25		
10			26		
11			27		
12			28		
13			29		
14			30		
15			31		
16					

ADDITIONAL COMMENTS		