

ALL NATIONS DRIVING SCHOOL

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GENERAL SURVEY – Vehicle Maintenance

Student Name: _____

Date: _____

Your Name (Optional): _____

Age: _____

Gender: _____ Male _____ Female _____

1	How long have you had your current license for?			
2	Did you attend any Beginners Driver Education Course?	Yes		No
3	What year is your vehicle?			
4	Does your vehicle have any unfixed part or parts that needs repair?	Yes		No
5	How often do you check your brake pads?	Every month		
		Every 3 months		
		Once a year		
		When they make noise		
6	How often do you perform a safety check with a certified mechanic?	Once a year		
		Twice a year		
		When renewing plates		
		When I feel unsafe		
7	When you see a warning gauge light up in your vehicle how soon do you take care of it?	Right away		
		Within one week		
		Within one month		
		I don't (it fixes itself)		
8	How often do you change your engine oil?	Once a month		
		Twice a year		
		When I feel like it		
		After every manufacture recommended mileage		