

Vehicle Checklist

The following checklist is intended to assist employees who drive for a living in determining the safety of the vehicle within his/her operation. Any "no" answer should be cause for concern and corrective action. Prior to each out-of-town trip and at least once a week, drivers should complete the following checklist:

Vehicle Number _____ Date _____

	Yes	No
Are all departmental vehicles subject to State licensing requirements equipped with the following items in good operating condition:		
Adequate rearview mirrors?	<input type="checkbox"/>	<input type="checkbox"/>
Safety belts?	<input type="checkbox"/>	<input type="checkbox"/>
Windshield wipers?	<input type="checkbox"/>	<input type="checkbox"/>
Horn?	<input type="checkbox"/>	<input type="checkbox"/>
Correctly adjusted headlights?	<input type="checkbox"/>	<input type="checkbox"/>
Brakes with adequate stopping power?	<input type="checkbox"/>	<input type="checkbox"/>
Emergency brake?	<input type="checkbox"/>	<input type="checkbox"/>
Turn/directional signals?	<input type="checkbox"/>	<input type="checkbox"/>
Good tires with adequate tread?	<input type="checkbox"/>	<input type="checkbox"/>
Safety glass?	<input type="checkbox"/>	<input type="checkbox"/>
Brake lights?	<input type="checkbox"/>	<input type="checkbox"/>
Taillights?	<input type="checkbox"/>	<input type="checkbox"/>
License plate light?	<input type="checkbox"/>	<input type="checkbox"/>
Tight muffler system?	<input type="checkbox"/>	<input type="checkbox"/>
Properly serviced fire extinguisher?	<input type="checkbox"/>	<input type="checkbox"/>
Intact windshield, with no cracks?	<input type="checkbox"/>	<input type="checkbox"/>
Is all seating in the vehicle secured to the frame?	<input type="checkbox"/>	<input type="checkbox"/>
Is there an Automobile Liability ID Card located in the glove compartment or elsewhere in the vehicle?	<input type="checkbox"/>	<input type="checkbox"/>
Are appropriate notices posted in each vehicle as a reminder that all employees and their passengers are required to wear seat belts?	<input type="checkbox"/>	<input type="checkbox"/>
Have all employees been instructed on safe backing practices?	<input type="checkbox"/>	<input type="checkbox"/>
Have employees been informed of what actions to take in the event they are involved in a vehicle accident?	<input type="checkbox"/>	<input type="checkbox"/>
Have employees been informed of appropriate safety guidelines when hauling loads?	<input type="checkbox"/>	<input type="checkbox"/>

Employee Signature _____

Supervisor's Signature _____