

VEHICLE INSPECTION CHECK LIST

****To be carried out BEFORE any daily operations:**

DATE: _____

DEPARTMENT: _____

VEHICLE NUMBER: _____ INSPECTED BY: _____

TIRES/ WHEELS (CHECK WHICH CONDITION APPLY)

*TIRE PRESSURE—EXCELLENT _____ GOOD _____ FAIR _____ PRESSURE LOW/ADDED AIR/ DATE _____

*TIRE TREAD—EXCELLENT _____ GOOD _____ FAIR _____ POOR _____

*RIM DAMAGE---EXCELLENT _____ GOOD _____ FAIR _____ POOR _____

*WHEEL NUTS--- ALL PRESENT _____ MISSING (ADD NUMBER) _____

****CRACKS & CUTS****NEEDS REPAIR REPORT TO SUPERVISOR FOR WORK ORDER _____ DATE _____

ENGINE COMPARTMENT: (CHECK WHICH CONDITION APPLY)

*OIL LEVEL—MAXIMUM LEVEL _____ HALF _____ MINIMUM _____ NEED OIL _____ ADDED _____ QUARTS/GALLON – WEIGHT _____

*POWER STEERING FLUID—MAXIMUM _____ HALF _____ MINIMUM _____ NEED FLUID _____ ADDED _____ QUART/PINT _____

*COOLANT LEVEL—MAXIMUM _____ HALF _____ MINIMUM _____ NEED COOLANT _____ ADDED _____ GALLON(S) _____

*BRAKE FLUID—MAXIMUM _____ HALF _____ MINIMUM _____ NEED FLUID _____ ADDED _____ PINT / QUART(S) _____

*BATTERY—STARTED FIRST TURN _____ NEEDED A BOOST _____ NEED NEW BATTERY _____ REPORTED TO SUPER/DATE _____

*ANY LOOSE WIRING/ WHERE _____ ANY LOOSE BELTS / WHERE _____

DRIVER / PASSENGER COMPARTMENT:

*EMERGENCY LIGHTS—BOTH FLASHING _____ ONE FLASHING _____ NOT WORKING _____ REPORTED TO SUPER/ DATE _____

*STEERING SYSTEM—TURNS EASILY _____ HARD TO TURN _____ REPORT TO SUPER FOR WORK ORDER / DATE _____

*BRAKE OPERATION—STOPS EASILY _____ HAS TO PRESS HARD TO STOP _____ NO BRAKES/REPORT TO SUPER _____

*RADIO—HEARS CLEARLY NO STATIC _____ SOME STATIC _____ NOT WORKING _____ REPORTED TO SUPER / DATE _____

*WIPERS—BOTH WORKING _____ ONE WORKING _____ NEED REPLACING _____ REPLACED ONE _____ REPLACED BOTH _____

*LIGHTS—BOTH WORKING _____ ONE WORKING _____ REPORT TO SUPER FOR WORK ORDER / DATE _____

*SELT BELTS—WORKS PROPERLY _____ NEEDS REPLACING _____ REPORT TO SUPER FOR WORK ORDER/DATE _____

*ANY LOOSE OBJECTS _____ WHAT KIND _____ NEED WORK ORDER TO REPAIR _____