

VEHICLE SAFETY INSPECTION (once per week) **FACILITIES VEHICLE ID:** _____

EQUIPMENT: TRUCK, VAN, UTILITY CART, GATOR, GROUNDSMASTER, TRACTOR

OTHER: _____

A CHECK OF THE FOLLOWING MUST BE MADE AT THE START OF EACH WEEK BEFORE USE.

| Date → | | | | | |
|--|----------------------|----------------------|----------------------|----------------------|----------------------|
| ITEM | Week 1 (2 points) | Week 2 (2 points) | Week 3 (2 points) | Week 4 (2 points) | Week 5 (2 points) |
| Lights (including emergency flashers) | | | | | |
| Horn | | | | | |
| Mirrors & Visors | | | | | |
| Windshield (including wiper blades & washer fluid) | | | | | |
| All Glass | | | | | |
| Brakes & Parking Brake | | | | | |
| Tires & Wheels (Tire Pressure) | | | | | |
| Seat Belt & Shoulder Harness | | | | | |
| Interior Condition (floor mats, seat & dashboard) | | | | | |
| Exterior Condition (including locks) | | | | | |
| State License Plate | | | | | |
| First Aid Kit | | | | | |
| Ladders | | | | | |
| Exhaust System (muffler & tail pipe) | | | | | |
| Fire Extinguisher | | | | | |
| Logo & Vehicle Numbers | | | | | |
| Tow or Trailer Hook | | | | | |
| Items Secured in Vehicle | | | | | |
| Engine Oil | | | | | |
| Coolant | | | | | |
| Washer Fluid | | | | | |
| Fluid Leaks | | | | | |
| Oil Pressure | | | | | |
| Registration/ Insurance Card | | | | | |
| Other: | | | | | |
| | | | | | |

Check each item in appropriate daily column for items that are in proper operating condition. If item is defective, mark with X, explain in comments section below, and advise supervisor.

| Date | By | Comments | Corrected By | Date |
|------|----|----------|--------------|------|
| | | | | |

Scan and send to Tim Nix monthly.

| | |
|-------------------------------|---------------|
| Safety Team Member Signature: | Total Points: |
| Employee Signature: | Department: |
| | Month/Year: |