

MONTHLY VEHICLE INSPECTION CHECKLIST

To be performed by the facility vehicle manager monthly. Check off each item as inspected. Inform your supervisor of any deficiencies and correct immediately. Contact the Safety Dir. for questions and assistance: 503-542-4616.

<p><u>Walk-around Inspection:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Exterior checked for nicks, dents, damage, misc. <input type="checkbox"/> Mirrors secure, tight and clean. <input type="checkbox"/> Headlight, turn signal and 4-way hazard checked. <input type="checkbox"/> Tires checked, proper pressure, no unusual wear, tread depth greater than 3/16". <input type="checkbox"/> Windshield clean, free of cracks and wipers OK. <input type="checkbox"/> Inspect for leakage under vehicle (oil, radiator, etc.) 	<p><u>Interior Inspection:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Horn and back-up beeper checked. <input type="checkbox"/> Spare tire, jack, and tire iron secure. <input type="checkbox"/> Log book forms restocked, mileage, accident, and "Inspection Checklist" <input type="checkbox"/> Seat belts checked, secure and work. <input type="checkbox"/> Interior clean. <input type="checkbox"/> Interior windshield clean. <input type="checkbox"/> Windshield defroster and heater work. <input type="checkbox"/> Chains in vehicle for winter driving.
<p><u>Safety Items:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Fire extinguisher charged and secure. <input type="checkbox"/> First Aid kit restocked, check inventory (face shield, gloves). <input type="checkbox"/> Safety triangles. <input type="checkbox"/> Bio-spill kit. <input type="checkbox"/> Flashlight works. <input type="checkbox"/> Disposal camera. 	<p><u>Engine Compartment (cool engine):</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Oil level. <input type="checkbox"/> Windshield washer fluid. <input type="checkbox"/> Radiator level.

Inspection performed by: _____ Date: _____

Vehicle license: _____ Facility: _____

Current Vehicle Mileage: _____

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Vehicles are required to have certified mechanic safety inspections annually or every 5000 miles, whichever comes first. Please provide the following historical information from your files. This information will assist you in planning your servicing.

<p>Last actual Safety Inspection performed by Certified Mechanic. (Required every 5000 miles or annually.) Route latest copy to the Safety Manager.</p> <p>Last Mechanic Inspection Date: _____</p> <p>Last Mechanic Inspection Mileage: _____</p> <p>Vendor: _____</p>	<p>Projected odometer reading for next Safety Inspection to be performed by Certified Mechanic.</p> <p>Projected Mech. Inspection mileage: _____</p> <p>Projected Annual Due Date: _____</p> <p style="text-align: center;">Whichever comes first, please schedule.</p>
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