

# AUTOMOBILE PRE - TRIP CHECKLIST

This safety checklist takes only a few minutes to complete and it may help prevent an accident. It should be completed by the driver.

**This is a:**    Church Owned Vehicle.    Non-Owned Vehicle.

**Vehicle:** License Plate # \_\_\_\_\_ Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model \_\_\_\_\_

**Driver:** \_\_\_\_\_ Age: \_\_\_\_\_

- INSTRUCTIONS:**
1. Check the "S" (Satisfactory) box if the following are in good working order and/or the condition does not warrant attention. If they are not, check the "U" (Unsatisfactory) box.
  2. Space is provided for driver comments concerning conditions that develop during the time he/she is operating the vehicle and which should be reported.

**IMPORTANT NOTE:** Items marked with an \* are critical to the safe operation of the vehicle. If they are not functioning correctly, or you think something is wrong, do not drive the vehicle. Turn off the engine, apply parking brake, set the shift in the lowest gear ratio in the unit, and report the defect immediately.

	S	U		S	U
<b><u>OUTSIDE</u></b>					
1. Windshield wipers are secured in the arms and in good condition	<input type="checkbox"/>	<input type="checkbox"/>	15. Defroster/Heater	<input type="checkbox"/>	<input type="checkbox"/>
2. Windows (front, rear, and sides) are clear of dirt, ice and snow.	<input type="checkbox"/>	<input type="checkbox"/>	16. Coolant	<input type="checkbox"/>	<input type="checkbox"/>
3. All lights (front, rear, signal, flashers, marker lights, reflectors) are clean and working	<input type="checkbox"/>	<input type="checkbox"/>	17. Windshield Washer/Wiper	<input type="checkbox"/>	<input type="checkbox"/>
4. Outside mirrors are clean, unbroken and properly adjusted	<input type="checkbox"/>	<input type="checkbox"/>	18. Clutch/Brake Pedal	<input type="checkbox"/>	<input type="checkbox"/>
<b><u>TIRES AND WHEELS*</u></b>					
5. No lugs nuts are missing or loose	<input type="checkbox"/>	<input type="checkbox"/>	19. Emergency Brake/Door	<input type="checkbox"/>	<input type="checkbox"/>
6. Tires are not low or bald	<input type="checkbox"/>	<input type="checkbox"/>	20. Four-Way Flashers	<input type="checkbox"/>	<input type="checkbox"/>
7. Tires have no cuts, bruises or bubbles on sidewalls	<input type="checkbox"/>	<input type="checkbox"/>	21. Headlights (high/low)/Brake lights	<input type="checkbox"/>	<input type="checkbox"/>
8. Tires are clear of debris that could cause a puncture	<input type="checkbox"/>	<input type="checkbox"/>	22. Steering Wheel (condition/play)	<input type="checkbox"/>	<input type="checkbox"/>
9. If vehicle has dual tires, they are not touching	<input type="checkbox"/>	<input type="checkbox"/>	23. First Aid and Emergency Equipment in Vehicle	<input type="checkbox"/>	<input type="checkbox"/>
<b><u>INSIDE</u></b>					
<i>Start your engine first. CHECK-</i>					
10. Horn	<input type="checkbox"/>	<input type="checkbox"/>	24. Brakes* Know how to properly operate a vehicle with air brakes	<input type="checkbox"/>	<input type="checkbox"/>
11. Oil Pressure Gauge	<input type="checkbox"/>	<input type="checkbox"/>	25. Automatic Braking System Follow manufacturer's recommended braking procedures	<input type="checkbox"/>	<input type="checkbox"/>
12. Battery	<input type="checkbox"/>	<input type="checkbox"/>	26. Exterior and interior mirrors are adjusted for easy visibility from the driver's seat	<input type="checkbox"/>	<input type="checkbox"/>
13. Generator/Alternator	<input type="checkbox"/>	<input type="checkbox"/>	27. Driver's seat is adjusted for comfort, easy operation of all pedals and switches	<input type="checkbox"/>	<input type="checkbox"/>
14. Fuel Gauge	<input type="checkbox"/>	<input type="checkbox"/>	28. Safety belt is adjusted	<input type="checkbox"/>	<input type="checkbox"/>
			29. Service doors can be easily opened and closed, have stable handrail and clean treads on steps leading to the door	<input type="checkbox"/>	<input type="checkbox"/>
			30. Automobile Insurance Identification Card and Accident Kit in glove box	<input type="checkbox"/>	<input type="checkbox"/>

Driver Comments: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_