

For State	NFC ID: AG000 _____
Office Use	APO: _____

## FY 2012 - ANNUAL VEHICLE & EQUIPMENT VISUAL CHECK & SAFETY INSPECTION

(PLEASE ALSO COMPLETE A FORM FOR ALL VEHICLES, ATVS, SNOWMOBILES, BACKHOES, TRACTORS & TRAILERS)

**VEHICLE/EQUIPMENT INFORMATION:**

<input type="checkbox"/> SEDAN / MINI-VAN	LICENSE:		DATE OF LAST SERVICE	
<input type="checkbox"/> TRUCK / SUV	ODOMETER:		(OIL CHANGE, TUNE-UP, ETC)*	
<input type="checkbox"/> SNOWMOBILE	VIN/SERIAL NO.:		*GOVERNMENT VEHICLES MUST BE SERVICED AT LEAST EVERY 12 MONTHS OR 7,300 MILES. EMPLOYEES ARE RESPONSIBLE FOR THE MAINTENANCE & REPAIR OF GOVERNMENT PROPERTY THAT HAS BEEN ASSIGNED TO THEIR OFFICE FOR THEIR OFFICIAL USE.	
<input type="checkbox"/> ATV	MANUFACTURER:			
<input type="checkbox"/> TRAILER	MODEL:			
<input type="checkbox"/> BACKHOE / TRACTOR	LOCATION:			
<input type="checkbox"/> OTH:	PRIMARY DRIVER:			

**INSTRUCTIONS:**

VEHICLE AND/OR EQUIPMENT OPERATORS SHALL PERFORM A VISUAL CHECK AND SAFETY INSPECTION AND PROVIDE THE OPERATIONAL STATUS OF THE ITEMS DETAILED BELOW. ANY ITEM NOT RATED IN GOOD WORKING ORDER (G) OR MARKED AS "ON HAND" REQUIRES A COMMENT IN THE SECTION PROVIDED BELOW.

**CONDITION CODES:** G = GOOD WORKING ORDER    R = REPAIR NEEDED (COMMENTS REQUIRED)    U = UNSAFE TO OPERATE (COMMENTS REQUIRED)

BODY & MECHANICAL:	G	R	U	N/A	SAFETY & DOCUMENTS:	G	R	U	N/A
HEAD & PARKING LIGHTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FIRST AID KIT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TAIL/REVERSE LIGHTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FLASHLIGHT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TURN SIGNALS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PLIERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDSHIELD/WINDOWS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WRENCH	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WINDSHIELD WIPERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCREWDRIVER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TIRES (INCLUDING SPARE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TIRE GAUGE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PAINT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FIRE EXTINGUISHER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MIRRORS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HIGHWAY REFLECTORS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SEAT BELTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TIRE JACK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HORN	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FRONT LICENSE PLATE	ON HAND	<input type="checkbox"/>	MISSING	<input type="checkbox"/>
UPHOLSTERY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	REAR LICENSE PLATE	ON HAND	<input type="checkbox"/>	MISSING	<input type="checkbox"/>
AIR CONDITIONER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FLEET CARD (W/ CORRECT PLATE NO.)	ON HAND	<input type="checkbox"/>	MISSING	<input type="checkbox"/>
HEATER / DEFROST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VEHICLE USE LOG	ON HAND	<input type="checkbox"/>	MISSING	<input type="checkbox"/>
BRAKES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	INSURANCE STATEMENT	ON HAND	<input type="checkbox"/>	MISSING	<input type="checkbox"/>
TRANSMISSION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ACCIDENT FORMS (SF-91/94)	ON HAND	<input type="checkbox"/>	MISSING	<input type="checkbox"/>
PARKING BRAKE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FUEL RECEIPTS (PAST 12 MOS.)	ON HAND	<input type="checkbox"/>	MISSING	<input type="checkbox"/>
STEERING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	REPAIR/SERVICE RECEIPTS (ALL)	ON HAND	<input type="checkbox"/>	MISSING	<input type="checkbox"/>

<b>PLEASE PROVIDE COMMENTS AND ADDITIONAL INFORMATION FOR ALL ITEMS MARKED WITH AN "R", "U", OR "MISSING":</b>	
INSPECTED BY:	DATE OF INSPECTION: