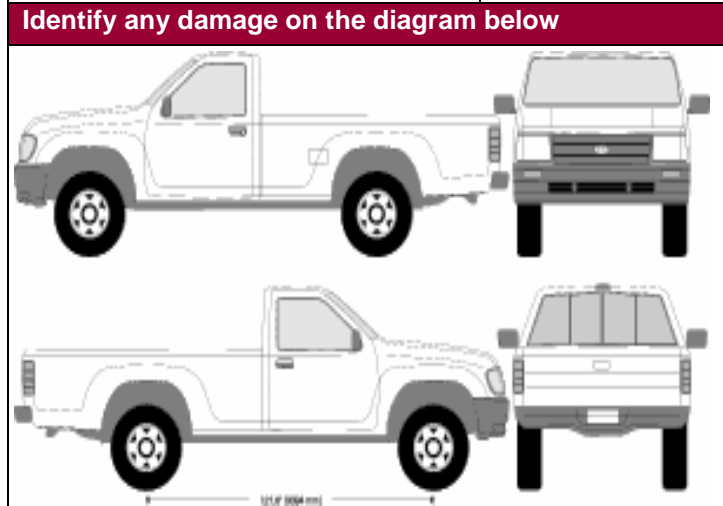




Monthly Passenger Vehicle Checklist
Hinds Safety Form

Doc. #:	HS-14-F-009
Issue Date:	05-Mar-2018
Rev. Date:	30-Mar-2019
Rev.#	01


ITEM	ACTION NEEDED	ITEM	ACTION NEEDED
Oil Level	Yes <input type="checkbox"/> No <input type="checkbox"/>	Driving Lights	Yes <input type="checkbox"/> No <input type="checkbox"/>
Antifreeze Level	Yes <input type="checkbox"/> No <input type="checkbox"/>	Brake Lights	Yes <input type="checkbox"/> No <input type="checkbox"/>
W/W Fluid Level	Yes <input type="checkbox"/> No <input type="checkbox"/>	Backup Lights	Yes <input type="checkbox"/> No <input type="checkbox"/>
Windshield Wipers	Yes <input type="checkbox"/> No <input type="checkbox"/>	Mirrors	Yes <input type="checkbox"/> No <input type="checkbox"/>
Transmission Fluid	Yes <input type="checkbox"/> No <input type="checkbox"/>	Horn	Yes <input type="checkbox"/> No <input type="checkbox"/>
Oil/Fluid Leaks	Yes <input type="checkbox"/> No <input type="checkbox"/>	Tire Pressure	Yes <input type="checkbox"/> No <input type="checkbox"/>
Head Lights	Yes <input type="checkbox"/> No <input type="checkbox"/>	Parking Brake	Yes <input type="checkbox"/> No <input type="checkbox"/>
Signal Lights	Yes <input type="checkbox"/> No <input type="checkbox"/>	Main Brake	Yes <input type="checkbox"/> No <input type="checkbox"/>



Insurance Card	Yes <input type="checkbox"/> No <input type="checkbox"/>
Vehicle Registration	Yes <input type="checkbox"/> No <input type="checkbox"/>
License Plate	Yes <input type="checkbox"/> No <input type="checkbox"/>
Accident Form	Yes <input type="checkbox"/> No <input type="checkbox"/>
Tie Down Straps (2)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Emergency Road Kit	Yes <input type="checkbox"/> No <input type="checkbox"/>
Fire Extinguisher	Yes <input type="checkbox"/> No <input type="checkbox"/>
First Aid Kit	Yes <input type="checkbox"/> No <input type="checkbox"/>
Spare Tire	Yes <input type="checkbox"/> No <input type="checkbox"/>
Jack and Wrench	Yes <input type="checkbox"/> No <input type="checkbox"/>
Vehicle Cleanliness	Yes <input type="checkbox"/> No <input type="checkbox"/>
Other:	Yes <input type="checkbox"/> No <input type="checkbox"/>

COMMENTS/ACTIONS TAKEN

Inspection Duration:	Daily <input type="checkbox"/>	Weekly <input type="checkbox"/>	Monthly <input type="checkbox"/>	List Start-Finish Dates	Start: _____ Finish: _____
Driver Name:				Unit Number:	
Signature:				License Number:	
Starting Mileage:				Ending Mileage:	
Project Name:				Date:	

	Monthly Passenger Vehicle Checklist Hinds Safety Form	Doc. #:	HS-14-F-009
		Issue Date:	05-Mar-2018
		Rev. Date:	30-Mar-2019
		Rev.#	01

Daily Pre-Operation Checks / Monthly Vehicle Inspection

Walk around checks on any piece of mobile equipment are necessary to ensure the unit is safe to operate both from the personnel standpoint and for the equipment, that is, all fluids must be at the correct level and all components must be intact.

1. **Approaching the Equipment**
 - Note general condition.
 - Check for personnel near or working on the equipment.
 - Look for fresh fluid or grease leaks.
 - Check that requested repairs have been completed.

2. **Engine Compartment**
 - Check all fluid levels.
 - Check all belts and hoses – cracks/leaks/tension/condition.
 - Check condition of all electrical wires.
 - Check for visible leaks.

3. **Cab**
 - General condition.
 - Start Engine – voltage, oil pressure, air pressure operating and building.
 - All warning systems operational.
 - Turn on all working lights.
 - AC/Heater functions.
 - All temperatures and pressures indicating operational and all necessary lights, warning devices and controls operating properly.

4. **Walk Around**
 - Check all lights operational.
 - Check Tires.

5. **Maintenance / Repairs**
 - All repairs and maintenance must be performed at a professional, reputable location by a competent worker in accordance with the manufacturer's specifications.