



OCS-035A

HFC Vehicle Safety Checklist

Pre -Trip Inspection

Date: _____ Driver Name: _____

Driver Signature: _____

Vehicle ID #: 74 17 18 19

Starting Mileage: _____

Required Documents in the Glove compartment:

Current Van registration: Y N

Proof of Van insurance: Y N

Accident Check list: Y N

Exterior Inspection (360° walk around):

Is vehicle free of visible damage: Y N

Any signs of fluid leakage under vehicle: Y N

Any damage to glass (including chips): Y N

Interior inspection:

All safety belts work properly: Y N

Emergency kit & First Aid kit in vehicle: Y N



OCS-035B

HFC Vehicle Safety Checklist Post – Trip Inspection

Ending Mileage: _____

Post trip inspection:

Did vehicle operate correctly: Y N

Did any vehicle warning lights appear: Y N

Any repairs needed: Y N

Additional Comments:

Completed by: _____ Date: _____

(Driver Name)

(Driver Signature)