

VEHICLE CHECKLIST

The vehicle should be inspected **(1) before it leaves Oak Ridge, (2) before leaving the site, and (3) after it returns to Oak Ridge.** Copy to Project Leader of trip and completed original to Laboratory Manager. Please explain in detail any discrepancies on back of form.

Trip destination _____ Trip dates _____

Vehicle _____ License number _____

Ending mileage _____

Before Starting	With Motor Running
<div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> 1 2 3 </div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Accident/insurance package in glove compartment <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Parking brake (apply) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Check seat belts <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Check oil level and coolant level <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Check belts, hoses, etc. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Fire extinguisher, warning devise, and flares <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Tires and wheels (lugs) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Tires and wheels (pressure visual) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Mirrors (outside and inside) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Fuel tank and cap <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Cargo doors latch and lock <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Ice scraper and/or deicer (winter)	<div style="display: flex; justify-content: space-between; margin-bottom: 5px;"> 1 2 3 </div> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Oil pressure (light or gauge) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Instrument panel (warning lights and buzzers) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Windshield wipers/washer <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Heater/defroster/air conditioning <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Fuel Level (guage reading) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Steering wheel (excessive play) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Head lights <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Tail lights, brake lights, backup light <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Turn signals (front, back, and side) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Running lights (side and top) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Emergency flashers <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Transmission fluid level (automatic)
	Vehicles Transporting Hazardous Material
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Marking and placards <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Shipping papers (P-10 gas and other hazardous materials)

Survey 1 _____ Date _____

Survey 2 _____ Date _____

Survey 3 _____ Date _____

Project Leader _____ Date _____

Reviewed by _____ Date _____

Figure 10-4

