MOTOR VEHICLE WEEKLY SAFETY CHECKLIST

| Department: | | | | | |
|---|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| Vehicle Make: | Model: | | V.I.N.# | | |
| Do not operate any vehicle if an unsafe condition exists. | Inspection Date: / / Inspected By: |
| condition exists. | mspected by: | mspected by. | inspected by. | inspected by: | Inspected By. |
| Windshield wipers and washers | | | | | |
| Directional Signals | | | | | |
| Lights | | | | | |
| Horn and Mirrors | | | | | |
| Inspection sticker current | | | | | |
| Tag current | | | | | |
| Check for 4000 mile maintenance | | | | | |
| Tire inflation and safe tread depth | | | | | |
| Power steering fluid | | | | | |
| Antifreeze / Coolant | | | | | |
| Motor oil level | | | | | |
| Brake fluid & Brake operation | | | | | |
| Exterior and Interior condition acceptable | | | | | |
| Transmission Fluid & Hydraulics (if applic.) | | | | | |
| Any item not passing in a garage work order is | | | | | |
| Comments: | | | | | |

SUBMIT CHECKLIST TO HUMAN RESOURCES ON THE $\mathbf{5}^{\mathrm{TH}}$ DAY OF EACH MONTH