



WEEKLY VEHICLE INSPECTION CHECKLIST

Instructions: Complete the Weekly Vehicle Inspection Checklist and return with your weekly paperwork.

Please indicate by marking a Y for YES and a N for No that you have personally inspected the component of your assigned company vehicle. If you note maintenance or service is needed, be specific by providing details. Routine maintenance should be planned accordingly by contacting the Shop Administrator. If immediate repair is needed, you should call the Shop Administrator.

No repair, service or maintenance is to be completed without Shop Administrator's acknowledgement. In emergency situations, a manager can approve repair.

DATE: _____

VEHICLE#: _____

DRIVER: _____

ODOMETER READ: _____

NEXT SCHEDULED SERVICE: _____

VEHICLE COMPONENT	INSPECTED Y OR N	PROBLEMS/ISSUES
Headlights and Turn Signals		
Oil level		
Fluid levels		
Horn		
Brake lights		
Brakes		
Tires		
Transmission/gears		
Closure of doors, tailgate		
Seatbelts		
Other	XXXXXXXXXXXXXXXXXXXXXXX	

List body and mechanical damage: _____

Notes: _____

Signature: _____



SAFETY

FIRST AID /PPE/Administrative Order Form

Please complete this checklist and return with your weekly paperwork. First Aid supplies will be delivered as soon as possible. If you have an urgent need for safety supplies, contact Teresa.

Name:

Charge to Project:

Date:

Instructions: Please review the list below. As you inspect your First Aid Kit(s), please complete this form: If you are in need of the supply listed, write yes in the space provided; if you are not in need of the supply listed, disregard. If you need a specific quantity of the supply listed, write this number in the space provided. If no quantity is listed, you will be given basic supply.

First Aid Item	Needed for Kit	Quantity
Cleansing Towelettes	<hr/>	<hr/>
Antiseptic Wipes	<hr/>	<hr/>
Fingertip Bandages	<hr/>	<hr/>
Knuckle Bandages	<hr/>	<hr/>
General Bandages (Band-Aids)	<hr/>	<hr/>
Gauze Wrap Gauze	<hr/>	<hr/>
Pads First Aid Tape	<hr/>	<hr/>
Portable Eye Wash	<hr/>	<hr/>
Instant Cold Pack	<hr/>	<hr/>
Antibiotic Cream	<hr/>	<hr/>
Burn Cream	<hr/>	<hr/>
Vinyl Gloves	<hr/>	<hr/>
Other: <hr/>	<hr/>	<hr/>

PPE:	Type	Quantity/Sizes
Gloves	<hr/>	<hr/>
Eye Protection	<hr/>	<hr/>
Hearing Protection	<hr/>	<hr/>
Head/Face Protection	<hr/>	<hr/>
Other: <hr/>	<hr/>	<hr/>

Administrative Supplies:

Timesheets

DSFRs

Other:
