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
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:

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Completed by: _____________________________ Date: ______________________

(Driver Name)

__________________________________________

(Driver Signature)