HOV Pre-Trip Safety Checklist

Driver: ________________________________    Date:  ________________

Destination and duration of trip:  _____________________ _________________________

Department Coordinator:  _____________________________________________ _______

Check if okay

___  Tire pressure checked with gauge           ___  Spare tire
___  Tire wear and wheel lugs tight           ___  Windshield and wipers
___  Headlights – High/low                   ___  Mirrors adjusted
___  Turn signals & emergency flashers       ___  Load below seat surface height
___  Brake lights                           ___  Seatbelts for all passenger seats
___  Oil leaks and loose parts underneath    ___  Copy of checklist to Department Coordinator