



Vehicle Inspection Check List

Date: _____

Location: _____

Company: _____

Vehicle Number: _____

Mileage: _____

Standard items to inspect prior to use / or report as defective while enroute.

Item	Pass	Fail	Item	Pass	Fail
* Tires			* Cargo Net		
* Headlights			* Windshield		
* Turn Signals			# Windows Clean		
# Parking Lights			# Interior		
# Back up Lights			# Vehicle Body Damage		
* License Plate			# Exhaust Noise or Fumes		
# License Plate Light			* Vehicle Lug Nut's		
# Mirrors			# Transmission Shifting		
* Windshield Wipers			# Wheel or Brake Noise		
* Horn			* Excessive Steering Play		
* Seat Belts			# Engine Warning Lights		
# Spare Tire			# Excessive Engine Noise		
* Loose Equipment			# Vehicle Alignment		
# Fire Extinguisher			Other		

Items failed with an * are unsafe and to be taken out of service conditions.

Items failed with an # must be corrected within 7 days.

Van Taken Out of Service? (Yes / No)

Driver Exceptions? (Yes / No)

Other unsafe conditions list here: _____

Reporting Employee: _____ ID# _____

CSX Supervisor Notified: _____ Date/Time: _____ / _____

Unsafe Condition Report Attached? (Yes / No)

If vehicle is removed from service, Fax this form to your safety Co-Chairman