Community Counseling Services

Vehicle Trip/Passenger Record

**Vehicle Make & Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Vehicle # \_\_\_\_\_\_\_\_\_\_**

**County \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tag # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Week beginning \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and ending \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Day** | **# Riders On** | **# Riders Off** | **Beginning Mileage** | **Ending Mileage** | **Program Using** **Vehicle** | **Driver’s****Initials** |
| **Monday** |  |  |  |  |  |  |
| **Trip 1** |  |  |  |  |  |  |
| **Trip 2** |  |  |  |  |  |  |
| **Trip 3** |  |  |  |  |  |  |
| **Trip 4** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Tuesday** |  |  |  |  |  |  |
| **Trip 1** |  |  |  |  |  |  |
| **Trip 2** |  |  |  |  |  |  |
| **Trip 3** |  |  |  |  |  |  |
| **Trip 4** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Wednesday** |  |  |  |  |  |  |
| **Trip 1** |  |  |  |  |  |  |
| **Trip 2** |  |  |  |  |  |  |
| **Trip 3** |  |  |  |  |  |  |
| **Trip 4** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Thursday** |  |  |  |  |  |  |
| **Trip 1** |  |  |  |  |  |  |
| **Trip 2** |  |  |  |  |  |  |
| **Trip 3** |  |  |  |  |  |  |
| **Trip 4** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Friday** |  |  |  |  |  |  |
| **Trip 1** |  |  |  |  |  |  |
| **Trip 2** |  |  |  |  |  |  |
| **Trip 3** |  |  |  |  |  |  |
| **Trip 4** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Saturday** |  |  |  |  |  |  |
| **Trip 1** |  |  |  |  |  |  |
| **Trip 2** |  |  |  |  |  |  |
| **Trip 3** |  |  |  |  |  |  |
| **Trip 4** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **Sunday** |  |  |  |  |  |  |
| **Trip 1** |  |  |  |  |  |  |
| **Trip 2** |  |  |  |  |  |  |
| **Trip 3** |  |  |  |  |  |  |
| **Trip 4** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Community Counseling Services**

**Vehicle Daily Inspection Form (Preventive Maintenance)**

**Program Using Vehicle \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Vehicle # \_\_\_\_\_\_\_\_\_\_ County \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Week beginning \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and ending \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The daily preventive maintenance inspection by the driver is done before the vehicle begins the first trip of the day. The daily inspection by the driver shall include all items on the checklist below. At the end of the day, the driver shall sign the form and maintain it in the vehicle until the end of the week. At the end of each week, the forms should be maintained in a folder in each county office. **Problems needing immediate attention shall be reported to the Program Manager/County Administrator and the Vehicle Maintenance Technician immediately. For items not needing immediate attention, a *Vehicle Maintenance Work Ticket* should be completed.**  See Policy ES09 for additional information**.** If items are as they should be, enter **Y** in the appropriate box. If items need attention, enter **N** in the appropriate box and follow-up as indicated above.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Items to be addressed daily** | **Mon.** | **Tues.** | **Wed.** | **Thurs.** | **Fri.** | **Sat.** | **Sun.** |
| Oil dipstick shows oil is full |  |  |  |  |  |  |  |
| Oil does not need changing (every 5,000 miles) |  |  |  |  |  |  |  |
| Water reservoir is full |  |  |  |  |  |  |  |
| Current insurance card is present |  |  |  |  |  |  |  |
| Windshield wipers function properly |  |  |  |  |  |  |  |
| Windshield is in good condition with no chips/ cracks |  |  |  |  |  |  |  |
| All windows/mirrors function well  |  |  |  |  |  |  |  |
| All windows/mirrors are in good condition with no chips/cracks |  |  |  |  |  |  |  |
| All seat belts are intact and in working order |  |  |  |  |  |  |  |
| Emergency brake is working correctly/ disengaged before driving  |  |  |  |  |  |  |  |
| Vehicle brakes are working correctly |  |  |  |  |  |  |  |
| Tires have pressure of 50 PSI front/80 PSI back(spare tire included) |  |  |  |  |  |  |  |
| Appropriate tire tread depth (greater than 2/32) |  |  |  |  |  |  |  |
| Outside lights (HL, TL, BL) are working properly |  |  |  |  |  |  |  |
| All inside lights are working properly |  |  |  |  |  |  |  |
| Horn blows easily |  |  |  |  |  |  |  |
| Exterior is free from any new dents |  |  |  |  |  |  |  |
| Interior of van is free of debris |  |  |  |  |  |  |  |
| Fire extinguisher is present, charged, tagged, up to date, and secure |  |  |  |  |  |  |  |
| First aid kit has required, non-expired items |  |  |  |  |  |  |  |
| Flares appear to be in good condition |  |  |  |  |  |  |  |
| Reflectors are working properly |  |  |  |  |  |  |  |
| Cell phone is present & available for use |  |  |  |  |  |  |  |
| Flashlight produces a strong beam |  |  |  |  |  |  |  |
| Lift operation (if equipped) is working properly |  |  |  |  |  |  |  |

Other area(s) of concerns (Identify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of person completing inspection:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Monday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tuesday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Wednesday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thursday\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Friday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Saturday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sunday \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Revised 2/2017*