

DRIVER'S CHECKLIST

Vehicle # _____
 Beginning Mileage _____
 Ending Mileage _____

| Item | Compliant | Noncompliant | Comments |
|---|-----------|--------------|----------|
| Condition of tires Spare tire and jack present | | | |
| All vehicle lights working properly | | | |
| Inmate compartment secure/Locks/Windows searched for contraband | | | |
| Vehicle warning lights i.e. check engine, low tire pressure etc. | | | |
| Engine oil level Oil or other fluid leaks | | | |
| Coolant level | | | |
| Windshield wipers/Washer fluid level | | | |
| Vehicle cleanness inside/outside | | | |
| Fire extinguisher present and fully charged | | | |
| Emergency reflectors present/good working order | | | |
| First Aid Kit present/sealed | | | |
| Biohazard kit present | | | |
| Seat belts in working order | | | |
| Camera monitoring system | | | |
| All mirrors in working order | | | |
| State Cellular Phone | | | |

Vehicle fueled: Yes _____ No _____ Gals. _____
 Vehicle fueled: Yes _____ No _____ Gals. _____
 Vehicle fueled: Yes _____ No _____ Gals. _____

Route Supervisor Signature _____ Date _____