High Occupancy Van
Pre-Trip Safety Checklist

Driver: _________________________________ Date: __________________________

Destination and Duration of Trip: _______________________________________

Department Coordinator: ______________________________________________

CHECK IF OK. IF A PROBLEM IS NOTED, RETURN THE VAN TO FACILITY OPERATIONS AND NOTIFY THE VAN POOL COORDINATOR.

OUTSIDE

___ Oil leaks and loose parts
___ Spare tire and jack
___ Tire pressure checked with gauge
___ Tire wear and wheel lugs tight

INSIDE

___ Headlights- high/low beams
___ Turn signals & emergency flashers
___ Brake lights
___ Windshield (no cracks)
___ Mirrors adjusted
___ Load below seat back height
___ Seatbelts for all passenger seats
___ Copy of checklist should be given to Department Coordinator