



Vehicle Safety



Checklist

Vehicle Safety Checklist

(A negative answer to any question indicates an area of safety or health concern.)

Company name: _____

Physical address of worksite: _____

Supervisor: _____

Date/Time: _____

Inspector: _____

Vehicle Number: _____

Note: This checklist was created to help employees who drive for work determine the safety of the vehicles they operate. Drivers should complete the following checklist before each out-of-town trip and at least once a week.

Yes	No	Date Corrected	
<input type="checkbox"/>	<input type="checkbox"/>	_____	1. Are all departmental vehicles that are subject to state licensing requirements equipped with the following items in good operating condition?
<input type="checkbox"/>	<input type="checkbox"/>	_____	a. Adequate rearview mirrors
<input type="checkbox"/>	<input type="checkbox"/>	_____	b. Safety belts
<input type="checkbox"/>	<input type="checkbox"/>	_____	c. Windshield wiper blades and fluid
<input type="checkbox"/>	<input type="checkbox"/>	_____	d. Horns
<input type="checkbox"/>	<input type="checkbox"/>	_____	e. Correctly adjusted headlights
<input type="checkbox"/>	<input type="checkbox"/>	_____	f. Brakes with adequate stopping power
<input type="checkbox"/>	<input type="checkbox"/>	_____	g. Emergency brakes
<input type="checkbox"/>	<input type="checkbox"/>	_____	h. Turn or directional signals
<input type="checkbox"/>	<input type="checkbox"/>	_____	i. Good tires with adequate tread and correct pressure
<input type="checkbox"/>	<input type="checkbox"/>	_____	j. Oil and coolant levels
<input type="checkbox"/>	<input type="checkbox"/>	_____	k. Brake lights
<input type="checkbox"/>	<input type="checkbox"/>	_____	l. Taillights
<input type="checkbox"/>	<input type="checkbox"/>	_____	m. License plate lights
<input type="checkbox"/>	<input type="checkbox"/>	_____	n. Properly installed muffler systems
<input type="checkbox"/>	<input type="checkbox"/>	_____	o. Properly serviced fire extinguishers
<input type="checkbox"/>	<input type="checkbox"/>	_____	p. Intact windshields with no cracks
<input type="checkbox"/>	<input type="checkbox"/>	_____	q. All seating secured to vehicle frames
<input type="checkbox"/>	<input type="checkbox"/>	_____	r. Automobile liability ID cards kept in the vehicles
<input type="checkbox"/>	<input type="checkbox"/>	_____	s. Appropriate notices reminding all employees and their passengers that they must wear seat belts

Yes **No** **Date Corrected**

- _____ 2. Have all employees been instructed in safe backing practices?
- _____ 3. Have employees been told what to do if they are involved in a vehicle accident?
- _____ 4. Have employees been given appropriate safety guidelines for hauling loads?

Employee's Signature

Supervisor's Signature

This document was produced by the Division of Workers' Compensation (DWC) and is considered accurate at the time of publication.

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