



TRUCK SAFETY CHECKLIST

Report Completed By: _____

| | | | |
|---------|--------------------|---------|--------------|
| Project | Weather Conditions | Truck # | Today's Date |
| | | | |

INSTRUCTIONS: Check all items indicated. After inspection, indicate condition as S = Satisfactory or U = Unsatisfactory

| 1. Walk Around Inspection | | | 2. Under the Hood Inspection | | | 3. Interior Inspection | | | 4. Operation Inspection | | |
|-------------------------------|---|---|--------------------------------|---|---|-----------------------------|---|---|-------------------------|---|---|
| | S | U | | S | U | | S | U | | S | U |
| a. General Hardware | | | a. Housekeeping | | | a. Gauges | | | a. Unusual Noises | | |
| b. Tires/Wheels/Tracks | | | b. Leaks, Fuel/Oil/Water | | | b. Indicator/Warning Lights | | | b. Unusual Ride Comfort | | |
| c. Leaks, Fuel/Lube/Oil/Water | | | c. Routine Maintenance Current | | | c. Windshield/ Window Glass | | | c. Steering | | |
| d. Dents/ Scrapes in Body | | | d. Fluid Levels Topped Off | | | d. Fire Extinguisher | | | d. Braking | | |
| e. Paint Condition | | | e. Battery | | | e. Housekeeping | | | e. Heat/AC | | |
| f. Exterior Lights Functional | | | f. Lights | | | f. Upholstery Condition | | | f. Other: | | |
| g. Trailer Tires | | | g. Glass | | | | | | Explain: | | |
| h. Trailer Hitch | | | | | | | | | | | |
| i. Trailer Structural | | | | | | | | | | | |
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INSTRUCTIONS: Inspect all applicable items each shift. Suspend all operations immediately when observing an unsatisfactory condition of any item indicated above with an asterisk (*). In addition, suspend operation when any unsafe condition is observed and immediately notify your supervisor. Other conditions not affecting safety shall be noted under "Remarks" below and reported to your supervisor.

OPERATOR SIGNATURE

| Driver's Time Record | |
|----------------------|-------|
| Time In: | _____ |
| Time Out: | _____ |
| Hours Worked: | _____ |

| Truck Operating Miles | |
|-----------------------|-------|
| Miles Start: | _____ |
| Miles End: | _____ |
| Miles for Day: | _____ |

| | |
|----------------------------|-------|
| Equipment/Supplies Needed: | _____ |
| | _____ |
| | _____ |