**Sanilac County Community Mental Health Authority**

**VEHICLE SAFETY CHECKLIST**

**Complete this inspection report whenever vehicle is cleaned but at least monthly.**

**Checklist to be filed in vehicle maintenance record held at Sanilac CMH.**

|  |  |  |  |
| --- | --- | --- | --- |
| Vehicle Make: | License # | | Facility Site: |
| Mileage: | Date: | | Inspected by: |
| Gas Card:  In vehicle? Yes No | | Handicap Permit #  In vehicle? Yes No | |
| Mileage or Date for Next Oil Change: | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Point of Inspection | OK | NOTOK | Comments |
| Oil |  |  |  |
| Tires (Even tread wear and tire pressure) |  |  |  |
| Fluids (Wiper, Brake, Transmission, Steering) |  |  |  |
| Radiator Fluid Level |  |  |  |
| Lights (Head, Tail, Brake, Turn, Back-up) |  |  |  |
| Belts (Loose or cracked) |  |  |  |
|  |  |  |  |
| Wiper Blades |  |  |  |
| Flashlight (with Working batteries) |  |  |  |
| Road Warning Triangles (Secured) |  |  |  |
| First Aid Kit (Restrained) |  |  |  |
| First Aid Kit (Fully stocked & check expirations) |  |  |  |
| Safety Hammer |  |  |  |
| Wheelchair Lift (Functional in Lift Vans) |  |  |  |
| Seat belt extensions, possibility of three  kept in glove boxes or cargo net |  |  |  |
| Q-Straint System (Functional in Lift Vans) |  |  |  |
| Sanitary Wipes |  |  |  |
|  |  |  |  |
| Proof of Insurance (MMRMA) |  |  |  |
| Vehicle Registration |  |  |  |
| CMH Emergency Procedures |  |  |  |
|  |  |  |  |
| Inside Appearance |  |  |  |
| Outside Appearance |  |  |  |
|  |  |  |  |
| WINTER Items |  |  |  |
| Windshield Scraper |  |  |  |
| Deicer Spray |  |  |  |
| Blanket |  |  |  |
| Sand or Litter |  |  |  |

**Submitted By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_**

**AutoTask Ticket Needed/Completed? YES\_\_\_\_ NO\_\_\_\_\_**