

**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