

TDI

Safety @ Work
Division of Workers' Compensation



Checklist

Vehicle Safety

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

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

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