

ARKANSAS TECH UNIVERSITY  
HEALTH AND SAFETY POLICY

VEHICLE INSPECTION FORM

DATE: \_\_\_\_\_ VEHICLE MODEL: \_\_\_\_\_ VEHICLE NO: \_\_\_\_\_

CHECK DAILY – COMPLETE GREEN CARD		
ITEM	GOOD WORKING ORDER	NEEDS REPAIR
LIGHTS – FRONT & REAR		
TURNING SIGNALS		
HORN		
WIPERS		
SEAT BELTS		
AMBER STROBE		
SLOW MOVING VEHICLE SIGN		
FIRST AID KIT		
<b>If any of the above are faulty, ask your supervisor to initiate a work order for the Motor Pool or Safety.</b>		
<b>CHECK WEEKLY</b>		
TIRE PRESSURE*		
TIRE WEAR**		
FUEL LINES		
ENGINE OIL***		
TRANSMISSION FLUID***		
HYDRAULIC OIL***		
BELTS		
ANTI-FREEZE***		
RADIATOR HOSES & FLUID***		
CLEAN AIR FILTER		
CLEAN AND REFUEL		

**NOTES:**      \*Add the required air to bring pressure up to standard.

\*\* If tire wear is 3/32 or less, ask your supervisor to generate a work order for new tire.

\*\*\* Treat as you would your personal vehicle and refill.

HOURS/MILEAGE \_\_\_\_\_

PRINT NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_