Attachment B
OP-040401

DRIVER'S CHECKLIST

	COMPLIANCE	NON-COMPLIANCE	COMMENTS
Fire Extinguisher			
Secure Locking Devices			
Triangle/Cone Reflectors			
Seats			
Window			
Water			
Oil			
Tires/Spare			
Transmission Fluid			
Windshield Wipers			
Vehicle Lights			
First Aid Kit			
Bio Kit/Spit mask			
Audio/Video Equipment			
Beginning Mileage			
Ending Mileage			
Cellular Phone			
Computer Message/Print-Out			
Property			
Records			
Institutional Phone Numbers			

Vehicle Number _____

Home Base Departure Time _____ Home Base Arrival Time _____

Vehicle Fueled: Yes _____ No _____ Gals. _____

Refueled: Yes _____ No _____ Gals. _____

(R 9/11)