

FY13 GOV ANNUAL VISUAL SAFETY INSPECTION CHECKLIST

1. The goal of the annual inspection is to ensure that GOVs are safe and reliable to operate. Items checked should pass minimum safety inspection requirements. **Checklist must be completed by someone other than the designated vehicle custodian.** The completed form must be signed by both the inspector & the designated vehicle custodian. The completed inspection checklist for each GOV should be scanned and emailed to the appropriate Administrative Coordinator. **Administrative Coordinators will verify all checklists are received and correctly completed, then upload them to the State Office share drive NLT March 7, 2013.**

2. Fill out the back page to certify that recommended maintenance & repairs have been completed. The back page **must be scanned & uploaded NLT March 30, 2013.**

Tag No.: A- _____ Tag Expiration Date: _____

Vehicle ID Number (VIN): _____

Vehicle (Type) _____ (Make) _____ (Year) _____ (Odometer Reading) _____

Vehicle located at: _____ Vehicle Custodian: _____

Items to be inspected by a employee other than the Vehicle Custodian:

(Initial each item as checked. If Repairs/Maintenance are needed, initial and annotate on back page.)

Oil Level _____ Radiator/Cooling System Level _____

Date Last Oil Change (no less than annually) _____

Transmission Fluid _____ Other Fluids _____

Headlights _____ Taillights& Backup Lights _____

Directional & Hazard Lights _____ Wipers _____

Horn _____ Heater/A-C _____

Defroster _____ Windshield _____

Door Glass _____ Rear Glass _____

Rear & Side Mirrors _____ Clean Condition _____

Brakes _____ Steering _____

Battery _____ Exhaust System _____

Tires (check pressure, tread,& rotate) _____ Brake Pedal Travel _____

Instrument Panel Gauges _____ Windshield Washer _____

Seat/Safety Belts _____ Spare Tire & Jack _____

GOV Documentation _____ Parking Brake _____

Other: (explain) _____

Comments: _____
(use additional sheet of paper if needed)

INSPECTION PERFORMED BY: _____
(PRINT INSPECTOR'S NAME, then SIGN) (Date)

VEHICLE CUSTODIAN CERTIFICATION: _____
(Custodian Certifies Inspection Performed) (Date)

REPAIRS/MAINTENANCE CERTIFICATION
Completed, Scanned & Uploaded NLT March 30 2013

Tag No.: A- _____

FOLLOW MANUFACTURER'S RECOMMENDATION STANDARDS FOR MAINTENANCE or as indicated.

Not all items are required for all GOVs. If repair(s) were needed, initial and provide the date repairs were completed.)

Oil & Filter Change (As recommended, but no less than annually) _____

Tire Rotation (Annually during this inspection) _____

Air Filter _____

Diff. Fluid Change _____

Trans. Fluid Change _____

Chassis Lube _____

Wheel Repack _____

Univ. Joint Lube _____

Tune-Up _____

Plugs Replaced _____

Brake Adj. _____

Wheel Align _____

Other per Manufacturer's Recommendation Standards: (explain) _____

List Repairs/Maintenance Performed

CERTIFIED MECHANIC: _____ (SIGNATURE) _____ (DATE)

Mechanic Comments (if any) _____

CERTIFICATION: ALL MAINTENANCE HAS BEEN COMPLETED AND THE VEHICLE IS CONSIDERED SAFE AND RELIABLE. DATE REPAIR(S) WERE COMPLETED HAS BEEN NOTED NEXT TO THE APPROPRIATE ITEM.

Vehicle Custodian: _____ (PRINT NAME) _____ (SIGNATURE) _____ (DATE)