# SAFETY MATTERS TRAINING FROM KMIT





## 5 TIPS FOR PRE-TRIP VEHICLE INSPECTIONS

Whether your employees drive their own vehicles or company vehicles for work, a small problem can turn into a big problem on the road. Vehicle safety inspections should be a regular part of their pre-trip routine. These tips can help. Additionally, feel free to use the template on the next page as a starting point for creating your own customized vehicle inspection checklist.

#### 1. STICK TO A SCHEDULE

Inspect the vehicle weekly and especially before starting any trip. Use a checklist to document things that need to be replaced or repaired.

### 2. CHECK FLUIDS

Check oil, coolant, power steering, and windshield washer fluids. Top them off if they are not filled to safe levels.

## **3.** ADJUST LIGHTS AND MIRRORS

Make sure high- and low-beam headlights, turn signals, taillights, brake lights, and license plate lights are all working. Clean and adjust the rearview and sideview mirrors. If the vehicle has a backup camera, make sure the lens is clean.

#### 4. TEST BRAKES AND TIRES

Check the vehicle's tires for the safe tread depth and air pressure and that the emergency brake is working.

# 5. TRAIN FOR SAFETY

Train employees how to do inspections, report vehicle safety issues, and what to do if they are involved in an accident. Train them to use and check the safety features of the vehicles, including seat belts and crash avoidance systems.

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# **VEHICLE INSPECTION CHECKLIST**

ANY

FLUID CHECK:	<b>DEFECTS:</b>	COMMENTS/SOLUTIONS
OIL	☐ YES ☐ NO	
COOLANT	☐ YES ☐ NO	
POWER STEERING	☐ YES ☐ NO	
WINDSHIELD WASHER FLUIDS	☐ YES ☐ NO	
BRAKES AND TIRES CHECK  TIRE TREAD DEPTH	☐ YES	
TIRE AIR PRESSURE	☐ YES ☐ NO	
EMERGENCY BRAKE	☐ YES ☐ NO	
LIGHTS AND MIRRORS CHECK:  HIGH BEAM HEADLIGHTS	☐ YES ☐ NO	
LOW BEAM HEADLIGHTS	☐ YES ☐ NO	
TURN SIGNALS	☐ YES ☐ NO	
TAILLIGHTS	☐ YES ☐ NO	
BRAKE LIGHTS	☐ YES ☐ NO	
LICENSE PLATE LIGHTS	☐ YES ☐ NO	
CLEAN/ADJUST REARVIEW AND SIDEVIEW MIRRORS	☐ YES ☐ NO	
CLEAN/ADJUST BACKUP CAMERA	☐ YES ☐ NO	

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Vehicle Inspections	Date:	
Company Name:	Location/Dept:	
Instructor Name:		
Print Name:	Sign Name:	