



Santa Barbara SIPE

Joint Powers Self Insurance

Vehicle Safety Inspection Checklist Form

Date: _____

Driver Name: _____

Vehicle ID/Number: _____

Pre-Trip Inspection

1. Driver Check:

- Valid driver's license: _____

- Medical certification: _____

2. Exterior Inspection:

- Tires (inflation and tread): _____

- Lights (headlights, brake lights, turn signals): _____

- Mirrors (visibility): _____

- Body condition (damage, loose parts): _____

- Fuel cap secure: _____

3. Interior Inspection:

- Gauges functioning (speedometer, fuel gauge): _____
- Emergency brake: _____
- Horn: _____
- First aid kit available: _____

4. Cargo Check:

- Cargo secured and balanced: _____
- Compliance with hazardous materials regulations: _____
- Load weight within limits: _____

5. Safety Equipment:

- Fire extinguisher charged: _____
- Warning triangles/flairs available: _____
- Reflective vest available: _____

- Monitored road conditions: _____

3. Regular Checks:

- Fuel levels monitored: _____
- Cargo integrity checked: _____

Post-Trip Inspection

1. Vehicle Condition:

- New damage/issues noted: _____
- All lights functioning: _____
- Maintenance needs documented: _____

2. Cargo Verification:

- All deliveries made: _____
- Discrepancies documented: _____

3. Documentation:

- Trip logs completed: _____
- Incidents/near misses reported: _____

Additional Comments:

**Driver Signature: ** _____

**Inspector Signature (if applicable): _____