

MOTOR POOL POLICIES

References: COMDTINST M11240.9B, Motor Vehicle Manual
ISCHONOINST 11240.1A, Administration and Operation of Government Vehicles

1. All Government vehicles are for *official business* only.
2. All drivers are to have current driver's license, upon pick-up of vehicle and during operation of vehicle.
3. Drivers are to consolidate trips whenever possible.
4. Vehicles are not to be used on a recurring full-time basis, for the sole purpose of one person.
5. All government vehicles are prohibited from drive-thru's of any kind (i.e. fast food restaurants)
6. All passenger vehicles are not to be used as utility vehicles.
7. All loads are to be tied down in bed of truck.
8. Personnel with Medical Appointments for more than 45 minutes are to have a driver drop them off and pick them up. Otherwise, they are to use their own POVs.
9. All vehicles dispatched are required to be kept clean.
10. All accident/incident reports are to be turned into Motor Pool no later than ONE DAY after incident occurred.
11. Mileage is to be logged inside the "Log Book" located inside the vehicle.
12. Fuel vehicles before check-in if tank is less than half full. Failure to fuel vehicle when less than half full may result in loss of Motor Pool privileges for 30 days. If failure to refuel vehicles becomes a reoccurring issue loss of Motor Pool privileges will be permanent.
13. Exact mileage must be entered into the pay station when fueling.
14. Turn in GSA credit card receipts to Motor Pool upon vehicle check-in.
15. Do not smoke in vehicles or while fueling.

UNIT: _____

RATE/RANK: _____

PRINT NAME: _____

SIGN/DATE: _____

VEHICLE INSPECTION FORM (VAN)

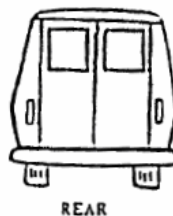
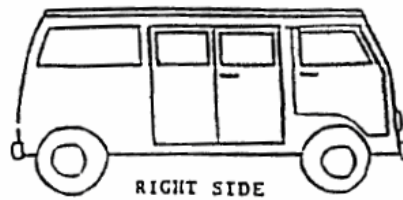
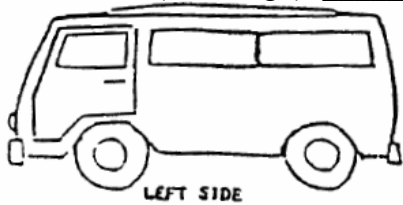
GSA Vehicle Tag Number: _____
Motor Pool Person Issuing Vehicle: _____
Driver's Name/Rank (Print): _____
Unit/Ship's Name: _____ Date: _____

ITEMS

VEHICLE CHECK-OUT & CHECK-IN LIST

	Good	Fair	Poor	Remarks (Damages):
1. Tires	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Horn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Mirrors/Glass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Gas (Fill if less than ½ tank)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Emergency Lights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. Other Lights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. Read and sign Motor Pool Policy on back of this sheet.				

INSPECTED BY (Print/Sign): _____



Note: All damages must be identified prior to driving away or user will be charged upon return of vehicle. Mark all damages using the following letters:

D – Dents S-Scratches B-Broken M-Missing

VEHICLE INSPECTION FORM (TRUCK)

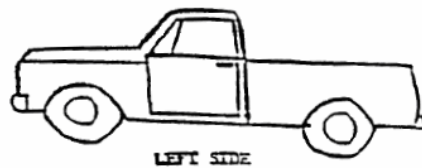
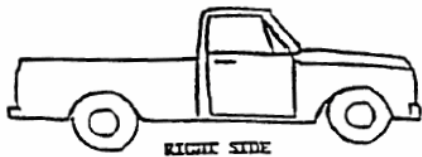
GSA Vehicle Tag Number: _____
 Motor Pool Person Issuing Vehicle: _____
 Driver's Name/Rank (Print): _____
 Unit/Ship's Name: _____ Date: _____

ITEMS

VEHICLE CHECK-OUT & CHECK-IN LIST

	Good	Fair	Poor	Remarks (Damages):
1. Tires	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Horn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Mirrors/Glass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Gas (Fill if less than ½ tank)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Emergency Lights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. Other Lights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. Read and sign Motor Pool Policy on back of this sheet.				

INSPECTED BY (Print/Sign): _____



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D – Dents S-Scratches B-Broken M-Missing

VEHICLE INSPECTION FORM (CAR)

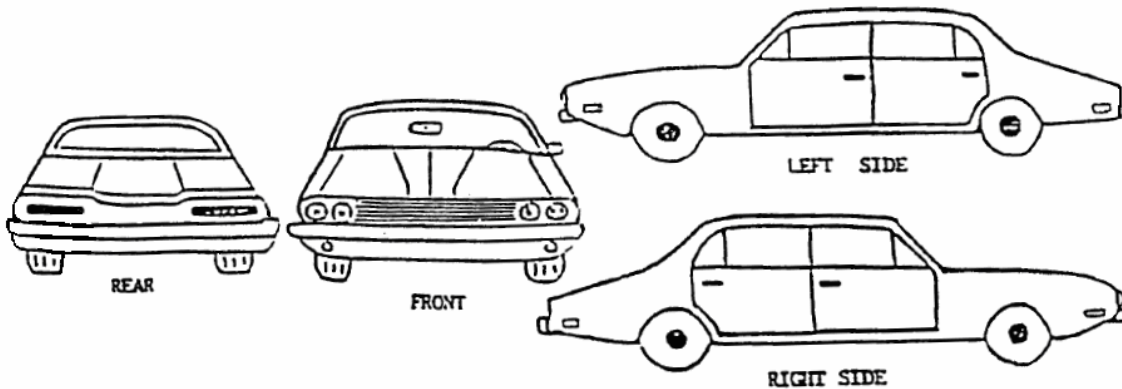
GSA Vehicle Tag Number: _____
 Motor Pool Person Issuing Vehicle: _____
 Driver's Name/Rank (Print): _____
 Unit/Ship's Name: _____ Date: _____

ITEMS

VEHICLE CHECK-OUT & CHECK-IN LIST

	Good	Fair	Poor	
1. Tires	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Remarks (Damages): _____
2. Horn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Mirrors/Glass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Gas (Fill if less than ½ tank)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Emergency Lights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. Other Lights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. Read and sign Motor Pool Policy on back of this sheet.				

INSPECTED BY (Print/Sign): _____



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