

Off-Road Utility Vehicle Trip Plan

Date of Trip: _____ Name: _____
 Time Departed: _____ Supervisor Name: _____
 Estimated Time of Return: _____ Supervisor Signature: _____

Planned Travel Route and Destination: _____

Objective of trip: _____

Number of employees on trip: _____ Name(s) of other employees: _____

Type of Communication: Two-Way Radio Cell Phone Cell phone #: _____

Additional Notes: _____

Inspection Check List

Item	OK	Repair with notes:
Front Tire PSI	<input type="checkbox"/>	<input type="checkbox"/>
Rear Tire PSI	<input type="checkbox"/>	<input type="checkbox"/>
Tire Condition	<input type="checkbox"/>	<input type="checkbox"/>
Wheel/Axle Nuts	<input type="checkbox"/>	<input type="checkbox"/>
Tracks	<input type="checkbox"/>	<input type="checkbox"/>
Skis	<input type="checkbox"/>	<input type="checkbox"/>
All Operator Controls	<input type="checkbox"/>	<input type="checkbox"/>
Throttle Cable / Function	<input type="checkbox"/>	<input type="checkbox"/>
Hand Brake Function	<input type="checkbox"/>	<input type="checkbox"/>
Foot Brake Function	<input type="checkbox"/>	<input type="checkbox"/>
Parking Brake	<input type="checkbox"/>	<input type="checkbox"/>
Ignition Switch	<input type="checkbox"/>	<input type="checkbox"/>
Engine Stop Switch	<input type="checkbox"/>	<input type="checkbox"/>
Battery	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Start System	<input type="checkbox"/>	<input type="checkbox"/>
Headlight(s)	<input type="checkbox"/>	<input type="checkbox"/>
Stop/Tail Lights	<input type="checkbox"/>	<input type="checkbox"/>
Fuel Level	<input type="checkbox"/>	<input type="checkbox"/>
Coolant Level	<input type="checkbox"/>	<input type="checkbox"/>
Engine Oil Level	<input type="checkbox"/>	<input type="checkbox"/>
Engine Oil Condition	<input type="checkbox"/>	<input type="checkbox"/>
Gear Oil Level	<input type="checkbox"/>	<input type="checkbox"/>
Leaks (Fuel or Oil)	<input type="checkbox"/>	<input type="checkbox"/>
Engine Air Filter	<input type="checkbox"/>	<input type="checkbox"/>
Drive Chain/Belt	<input type="checkbox"/>	<input type="checkbox"/>

Item	OK	Repair with notes:
Drive Shafts	<input type="checkbox"/>	<input type="checkbox"/>
Steering Components	<input type="checkbox"/>	<input type="checkbox"/>
Exhaust System	<input type="checkbox"/>	<input type="checkbox"/>
Muffler	<input type="checkbox"/>	<input type="checkbox"/>
Shock Absorbers	<input type="checkbox"/>	<input type="checkbox"/>
Foot Rests	<input type="checkbox"/>	<input type="checkbox"/>
Seat Belts	<input type="checkbox"/>	<input type="checkbox"/>
Cargo Racks	<input type="checkbox"/>	<input type="checkbox"/>
Tool Kit	<input type="checkbox"/>	<input type="checkbox"/>
Tire Gauge	<input type="checkbox"/>	<input type="checkbox"/>
Extra Spark Plug/Wrench	<input type="checkbox"/>	<input type="checkbox"/>
Rope	<input type="checkbox"/>	<input type="checkbox"/>
Owners Manual	<input type="checkbox"/>	<input type="checkbox"/>
Fire Extinguisher	<input type="checkbox"/>	<input type="checkbox"/>
First Aid Kit	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
Accessories:	<input type="checkbox"/>	<input type="checkbox"/>
Winch	<input type="checkbox"/>	<input type="checkbox"/>
Winch Cable/Hook	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>

Notes