

POV INSPECTION CHECKLIST

For use of this form, see Fort Knox Reg 385-10

OWNER/OPERATOR'S NAME: _____

UNIT: _____ DUTY PHONE: _____

YEAR/TYPE VEHICLE: _____ MILEAGE: _____

ITEM	<u>SAT</u>	<u>UNSAT</u>	<u>REMARKS</u>
1. LIGHTS			
a. Headlights	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. Taillights	<input type="checkbox"/>	<input type="checkbox"/>	_____
c. Backing lights	<input type="checkbox"/>	<input type="checkbox"/>	_____
d. Emergency flashers	<input type="checkbox"/>	<input type="checkbox"/>	_____
e. Turn signal indicators	<input type="checkbox"/>	<input type="checkbox"/>	_____
f. Brake lights	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. GLASS			
a. Windshield	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. Rear window	<input type="checkbox"/>	<input type="checkbox"/>	_____
c. Rear-view mirror	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. EXHAUST SYSTEM	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. WINDSHIELD WIPERS/WASHERS	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. HORN	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. STEERING SYSTEM	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. BRAKE SYSTEM			
a. Driving brakes	<input type="checkbox"/>	<input type="checkbox"/>	_____
b. Emergency brake	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. TIRES (including spare and changing equipment)	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. SUSPENSION SYSTEM/SHOCK ABSORBERS/SPRINGS	<input type="checkbox"/>	<input type="checkbox"/>	_____

OVERALL RATING _____

COMMENTS _____

10. PRIVATELY OWNED VEHICLE (4-WHEEL)

YES NO

- a. Valid Driver's License YES NO
- b. Valid State Registration YES NO
- c. Proof of Insurance YES NO
- d. Successfully completed AAC YES NO
- e. Safety Belts Present and Operational YES NO
- f. Is this the only vehicle you own? YES NO
- g. (Only if Item 10f is NO) Is this the vehicle you intend to drive during the holiday period? YES NO

11. PRIVATELY OWNED VEHICLE (2-WHEEL)

- a. Valid Operator's License YES NO
- b. Valid State Registration YES NO
- c. Proof of Insurance YES NO
- d. Successfully completed AMSC YES NO
- e. Helmet, DOT Approved YES NO
- f. Safety Gear: Eye Protection, Full-fingered gloves, long trousers, long-sleeved shirt or jacket, high-visibility garmets (bright color for day and retro-reflective for night), leather boots or over-the-ankle shoes? YES NO
- g. Is this the only vehicle you own? YES NO
- h. (Only if Item 11g is NO) Is this the vehicle you intend to drive during the holiday period? YES NO

DATE INSPECTED: _____ INSPECTOR: _____

COMMENTS: