

Motor Vehicle Safety Checklist

BSA Troop 66

Driver(s)

Owner's Name: _____

Address: _____ City: _____ St: _____

Driver's License No: _____ State: _____ Renewal Date: _____

Telephone No: (Home) _____ (Work) _____ (Cell) _____

Insurance Company: _____ Amt of liability coverage \$ _____

Other authorized drivers of same vehicle (this trip only) and drivers license numbers:

Vehicle

Make/Model of Vehicle: _____ Model Year: _____

Color: _____ License Plate No: _____ No. of Seat Belts: _____

Basic Safety Check

1. Seat Belts used by every passenger? Y / N
2. Windshield Wipers operate? Y / N
Wiper Fluid in reservoir? Y / N
3. Horn works? Y / N
4. Safety/Emissions Sticker current? Y / N
5. Headlights (high/low beam) operating? Y / N
6. Turn Signals / Brake Lights operating? Y / N
7. Mirrors present & adjusted? Y / N
8. Tire Trends okay? Y / N Spare filled? Y / N
Jack? Y / N Tools? Y / N
9. Brakes okay? Y / N
10. Exhaust System okay? Y / N
11. Maps/Directions to event? Y / N
12. Permission Slips for every passenger? Y / N
13. Trip Request approved? Y / N
14. Plan in case separated from group? Y / N

Additional Safety Check

1. First Aid Kit? Y / N
2. Flashlight/Batteries? Y / N
3. Fire Extinguisher? Y / N
4. Emer. Flares/Reflectors? Y / N
5. Tow Chain/Rope? Y / N
6. FRS Radio/Batteries? Y / N
Channel # _____

Vehicle Towing Trailer

1. Read *Trailer Safety Brief*? Y / N
2. Hitch/Ball tight & secure? Y / N
3. Safety Chains attached? Y / N
4. Spare Tire present & filled? Y / N
5. Trailer Lights operating? Y / N
6. Tire Chocks in trailer? Y / N
7. Doors closed/locked? Y / N

Notes: _____

