

PRIVATELY OWNED VEHICLE (POV) INSPECTION CHECKLIST

Name:	Rank:
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	Inspection 1		Inspection 2		Inspection 3		Inspection 4		Inspection 5	
Vehicle Make										
Vehicle Model										
Vehicle Year										
License Number										
	Go	No-Go								
Proof of Insurance										
Valid Drivers License										
Lights										
Mirrors										
Windshield & Wipers										
Exhaust System										
Brakes/Tires										
Horn										
Seat Belts										
Fluid Leaks										

Recommended Emergency Equipment

First Aid Kit										
Warning										
Fire Extinguisher										
Flashlight										

Lights include: Headlight high and low beams, turn signals, back-up signals, brake lights and emergency flashers. Brakes include emergency brake. Tires include spare tire and tools required to change a flat tire.

Inspection 1 Remarks	
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Inspection 2 Remarks	
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Inspection 3 Remarks	
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Inspection 4 Remarks	
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Inspection 5 Remarks	
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By signing the back of this inspection form I understand that I may not drive my vehicle on or off post if any standard listed above is "No-Go". I may again drive my vehicle only after I correct all deficiencies, have my vehicle reinspected by appropriate authority and receive a "Go" on all standards. Failure to follow these orders will subject me to adverse administrative action and punishment under the Uniform Code of Military Justice.

Risk Management

During each POV inspection the topics listed on the back of this form will be discussed. If you feel that you have identified a possible hazard, you should assess the hazard and make recommendations to control the hazard.

Inspection #1

Is the soldier going to travel over the weekend/holiday? Yes No How many miles? _____ Does the soldier have time to complete this trip without having to rush? Yes No Is the vehicle capable and equipped to make the trip? Yes No Does the soldier have plans to stop if the distance is too great? Yes No Does the soldier understand the hazards associated with this trip? Yes No Hazards Identified _____

Risk Assessment Go No Go Control Measures _____

Date: _____ Inspectors Rank & Name _____

Inspectors Signature _____

Owners Signature _____

Inspection #2

Is the soldier going to travel over the weekend/holiday? Yes No How many miles? _____ Does the soldier have time to complete this trip without having to rush? Yes No Is the vehicle capable and equipped to make the trip? Yes No Does the soldier have plans to stop if the distance is too great? Yes No Does the soldier understand the hazards associated with this trip? Yes No Hazards Identified _____

Risk Assessment Go No Go Control Measures _____

Date: _____ Inspectors Rank & Name _____

Inspectors Signature _____

Owners Signature _____

Inspection #3

Is the soldier going to travel over the weekend/holiday? Yes No How many miles? _____ Does the soldier have time to complete this trip without having to rush? Yes No Is the vehicle capable and equipped to make the trip? Yes No Does the soldier have plans to stop if the distance is too great? Yes No Does the soldier understand the hazards associated with this trip? Yes No Hazards Identified _____

Risk Assessment Go No Go Control Measures _____

Date: _____ Inspectors Rank & Name _____

Inspectors Signature _____

Owners Signature _____

Inspection #4

Is the soldier going to travel over the weekend/holiday? Yes No How many miles? _____ Does the soldier have time to complete this trip without having to rush? Yes No Is the vehicle capable and equipped to make the trip? Yes No Does the soldier have plans to stop if the distance is too great? Yes No Does the soldier understand the hazards associated with this trip? Yes No Hazards Identified _____

Risk Assessment Go No Go Control Measures _____

Date: _____ Inspectors Rank & Name _____

Inspectors Signature _____

Owners Signature _____

Inspection #5

Is the soldier going to travel over the weekend/holiday? Yes No How many miles? _____ Does the soldier have time to complete this trip without having to rush? Yes No Is the vehicle capable and equipped to make the trip? Yes No Does the soldier have plans to stop if the distance is too great? Yes No Does the soldier understand the hazards associated with this trip? Yes No Hazards Identified _____

Risk Assessment Go No Go Control Measures _____

Date: _____ Inspectors Rank & Name _____

Inspectors Signature _____

Owners Signature _____