

COMPLETE THIS FORM BEFORE DEPARTING FOR ANY V-C-N OR ZRICS INCIDENT / EXERCISE

VOLUNTEER COMMUNICATIONS NETWORK

PERSONAL VEHICLE SAFETY INSPECTION (VSI) CHECKLIST

CURRENT DATE-TIME (YYYY-MM-DD-TTTT)		ZRICS DESIGNATOR (OR ORGANIZATION):		
CALLSIGN:	LAST NAME:	FIRST NAME		
INCIDENT NAME		INCIDENT NUMBER: (CC.ST-ORG-000000)		
LICENSE PLATE	STATE	YEAR	VEHICLE MAKE	VEHICLE MODEL
CHECK-IN DATE-TIME (YYYY-MM-DD-TTTT)	P-CODE	SIGNATURE		
CHECK-OUT DATE-TIME (YYYY-MM-DD-TTTT)	P-CODE	SIGNATURE		



OWNERS/OPERATORS OF A PERSONAL VEHICLE MUST PERFORM A VEHICLE SAFETY INSPECTION (VSI) USING THIS FORM TO ENSURE VEHICLE CAN BE OPERATED SAFELY IN SUPPORT OF ANY V-C-N OR ZRICS OPERATION, ACTIVITY OR EXERCISE.

IF DEVIATIONS ARE IDENTIFIED, **AVOID OPERATING** AND CONTACT YOUR ZR(ICS) INCIDENT SAFETY COORDINATOR OR YOUR DESIGNATED "DIRECT REPORT"

##	YES	NO	BEFORE STARTING ENGINE
B01			DRIVER'S LICENSE: VALID + CURRENT
B02			VEHICLE REGISTRATION: VALID + CURRENT
B03			VEHICLE INSURANCE: PROOF OF CURRENT COVERAGE FOR VEHICLE
B04	LF RF LR RR	LF RF LR RR	SEAT BELT IN GOOD WORKING ORDER: ALL VEHICLE OCCUPANTS
B05	F: <input type="checkbox"/> R: <input type="checkbox"/>	F: <input type="checkbox"/> R: <input type="checkbox"/>	LICENSE PLATE: REAR IS MANDATORY, IDENTIFY NO FRONT
B06			LICENSE PLATE MATCHES VEHICLE REGISTRATION
B07	LF RF LR RR SP	LF RF LR RR SP	TIRES: DRIVING (ALL 4) AND SPARE = MAPS TREAD WEAR:
B08			ENGINE OIL "DIP STICK" IN SAFE ZONE
B09			REAR VIEW MIRROR: DRIVER MUST SEE 200' TO REAR AT ALL TIMES

##	YES	NO	AFTER STARTING ENGINE
A01	L: <input type="checkbox"/> R: <input type="checkbox"/>	L: <input type="checkbox"/> R: <input type="checkbox"/>	LIGHTS: FRONT HEADLIGHTS – LOW BEAM
A02	L: <input type="checkbox"/> R: <input type="checkbox"/>	L: <input type="checkbox"/> R: <input type="checkbox"/>	LIGHTS: FRONT HEADLIGHTS – HIGH BEAM
A03	L: <input type="checkbox"/> R: <input type="checkbox"/>	L: <input type="checkbox"/> R: <input type="checkbox"/>	LIGHTS: FRONT PARKING LIGHTS
A04	L: <input type="checkbox"/> R: <input type="checkbox"/>	L: <input type="checkbox"/> R: <input type="checkbox"/>	LIGHTS: FRONT TURN SIGNALS
A05	L: <input type="checkbox"/> R: <input type="checkbox"/>	L: <input type="checkbox"/> R: <input type="checkbox"/>	LIGHTS: FRONT 4-WAY FLASHERS
A06	L: <input type="checkbox"/> R: <input type="checkbox"/>	L: <input type="checkbox"/> R: <input type="checkbox"/>	LIGHTS: REAR 4-WAY FLASHERS
A07	L: <input type="checkbox"/> R: <input type="checkbox"/>	L: <input type="checkbox"/> R: <input type="checkbox"/>	LIGHTS: REAR TURN SIGNALS
A08	L: <input type="checkbox"/> R: <input type="checkbox"/>	L: <input type="checkbox"/> R: <input type="checkbox"/>	LIGHTS: REAR PARKING LIGHTS
A09	L: <input type="checkbox"/> R: <input type="checkbox"/>	L: <input type="checkbox"/> R: <input type="checkbox"/>	LIGHTS: REAR BRAKE LIGHTS
A10			LIGHTS: REAR LICENSE PLATE LIGHT(S) WORKING
A11			HORN: WORKS WHEN ACTIVATED FROM STEERING COLUMN
A12	CRACK BREAK	CRACK BREAK	WINDSHIELD (FRONT): CRACKED OR BROKEN
A13			WIPERS: WORK PROPERLY AND NOT RIPPED OR TORN
A14			GASOLINE: GAUGE WORKS PROPERLY AND ACCURATELY.
A15			BRAKES: WORK PROPERLY