

Vehicle Safety, Security, and Sanitation Audit
North Carolina Department of Transportation, Division of Highways
Transportation Mobility and Safety Division

EXAMPLE

Revised 6-4-14

Scheduled:
 Unscheduled:

Name and Location: John Doe (state vehicle) - Traffic Safety Unit (Greenfield, Garner)

Date: _____ Time: _____ Mileage: _____

Make: _____ Model: _____ Year: _____

Last Service: _____ License Tag: _____ Fleet #: _____

<p>1. General Condition</p> <p>a. Inspection and registration (current and displayed) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>b. Accident reporting kit <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>c. Visible condition (tires, mirrors, windshield, etc.) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>d. Performance (driver complaints) - state vehicles only <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>e. Cleanliness (inside and outside) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>f. Doors and windows (operate and lock) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>2. Equipment</p> <p>a. Measuring wheel <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>b. Strobe lights (working, etc.) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>c. Distance meter (installed, working, calibrated, etc.) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>d. First aid kit (stocked, expiration dates, etc.) <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>e. Ball bank <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>f. Slope meter <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>g. Camera (FA# <u>257416</u>) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>S U NA</p>	<p>3. Personal Protective Equipment (PPE)</p> <p>a. Safety vests <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>b. Head protection <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>c. Hand protection <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>d. Foot protection <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>e. Hearing protection <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>f. Eye protection <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>g. Insect and tick protection (check expiration date) <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>h. Poisonous plant protection (check expiration date) <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>i. Sun protection (hat, sunscreen, etc.) <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>4. Other/Miscellaneous</p> <p>a. NO LONGER USED <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>b. Other: _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>c. Other: _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>d. Other: _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p> <p>e. Other: _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>	<p>S U NA</p>
--	----------------------	---	----------------------

Discrepancies:

Item	Comments and/or Corrective Action	Abatement Dates	
		Target Date	Date Corrected
1b	Need "Accident Reporting Kit"	June 4, 2014	June 4, 2014
2d	Triple antibiotic ointment has expired	July 1, 2014	
2e	No ball bank - need to order	August 29, 2014	
3g	Insect and tick protection has expired	July 1, 2014	
3h	No poisonous plant protection	July 1, 2014	

General Comments:

Need to order new batteries for camera (no longer holding a good charge)

Audited by: Jeff Jaeger Signature: _____ (signature)

Witnessed by: Jane Doe Signature: _____ (signature)

Copies to: Supervisor, Section Head, Unit Head, and Branch Safety Officer