

MABAS Deployment Safety Checklist

Date: _____ Vehicle: _____ Mileage: _____ Hours: _____

Location of Vehicle: _____ Checked by: _____

- | | | |
|---|--|--|
| <input type="checkbox"/> Fuel Level _____ | <input type="checkbox"/> Radio's | Generator |
| <input type="checkbox"/> Engine Oil | <input type="checkbox"/> Fire Extinguisher | <input type="checkbox"/> Leaks |
| <input type="checkbox"/> Coolant Level | <input type="checkbox"/> Fluid Leaks | <input type="checkbox"/> Fuel Level |
| <input type="checkbox"/> Transmission Fluid | <input type="checkbox"/> First Aid Kit | <input type="checkbox"/> Engine Oil |
| <input type="checkbox"/> Power Steering Fluid | <input type="checkbox"/> MapBook | <input type="checkbox"/> Coolant Level |
| <input type="checkbox"/> Washer Fluid | <input type="checkbox"/> I-PASS | Trailer # _____ |
| <input type="checkbox"/> Brake Fluid | <input type="checkbox"/> Fuel Card | <input type="checkbox"/> Body Damage |
| <input type="checkbox"/> Hydraulic Fluid | <input type="checkbox"/> Insurance Documents | <input type="checkbox"/> Tire Condition/Pressure |
| <input type="checkbox"/> Air Leaks | <input type="checkbox"/> Clean Cab | <input type="checkbox"/> Leaks |
| <input type="checkbox"/> Batteries | <input type="checkbox"/> Clean Compartments | <input type="checkbox"/> Lights |
| <input type="checkbox"/> Belts | | |
| <input type="checkbox"/> Bleed Air Tanks | | |
| <input type="checkbox"/> Tire Pressure/Condition | | |
| <input type="checkbox"/> Siren/Horn | | |
| <input type="checkbox"/> Warning Lights | | |
| <input type="checkbox"/> Marker/head Lights/Tail Lights | | |
| <input type="checkbox"/> Hand Lights | | |
| <input type="checkbox"/> Body Damage note below: | | |
| Comments / Repairs needed: _____ | | |
| _____ | | |
| _____ | | |

Company Officer Signature _____ Date _____