

PRIVATELY OWNED VEHICLE (POV) INSPECTION CHECKLIST

NAME:	RANK: / E-
-------	------------

	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										
Windsheild & 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, turnsignals, back up signals, brake lights and emergency flashers
Brakes include: emergency brake Tires include spare tire and tools to change a flat tire.

Inspection 1 Remarks

Inspection 2 Remarks

Inspection 3 Remarks

Inspection 4 Remarks

Inspection 5 Remarks

By signing this inspection form I understand that I may not drive my vehicle on or off post if any standards listed above is a "No-Go". I may again drive my vehicle only after I correct all deficiencies, have my vehicle re-inspected by appropriate authority and receive a "Go" on 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 enough 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 Assesment: Go__ No Go__ Control Measures: _____

Date: _____ Inspectors Rank and 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 enough 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 Assesment: Go__ No Go__ Control Measures: _____

Date: _____ Inspectors Rank and 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 enough 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 Assesment: Go__ No Go__ Control Measures: _____

Date: _____ Inspectors Rank and 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 enough 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 Assesment: Go__ No Go__ Control Measures: _____

Date: _____ Inspectors Rank and 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 enough 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 Assesment: Go__ No Go__ Control Measures: _____

Date: _____ Inspectors Rank and Name: _____

Inspectors Signature: _____ Owners Signature: _____