



# Pre Trip / Post Trip Snow Vehicle Inspection

Safety One Training International, Inc.

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 Littleton CO 80125  
 303-734-0772 Fax 303-734-0762

OSHA Inspection Requirements 1926.550

DATE: \_\_\_/\_\_\_/\_\_\_ UNIT#: \_\_\_\_\_

ENG. HRS: \_\_\_\_\_ LOC: \_\_\_\_\_ END HOURS: \_\_\_\_\_

Check the appropriate box: S = Satisfactory; R = Repair; N/A = Not Applicable

CONDITIONS	PRE TRIP			POST TRIP			ITEMS AND COMMENTS
	S	R	NA	S	R	N/A	
Crank Case Oil							
Coolant/Battery							
Belts/Hoses							
Power Steering Fluid							
Wiper/Washer Fluid							
Lights/Turn Signals/Horn							
Windows/Mirrors							
Fire Extinguisher/First Aid							
Tires/Inflation/Rims							
Carrier/Brakes/Parking							
Backup Alarm							
Gauges							
Steering Mechanism							
Housekeeping							
Warning Lights/Strobes							
Survival Kit							
Extra Fuel							
Seat Belts							
Defroster							
Windshield Wipers							
Track Tension							

## TRIP FOLLOWING

Start Time & Date: \_\_\_/\_\_\_/\_\_\_ : \_\_\_ AM / PM

Current weather

Destination

Expected weather

Est. time when you unload snow vehicle from highway vehicle \_\_\_ : \_\_\_ AM / PM

Est. time when you reach destination \_\_\_ : \_\_\_ AM / PM

Est. time when you return to the highway vehicle \_\_\_ : \_\_\_ AM / PM

Time when you return the snow vehicle to storage \_\_\_ : \_\_\_ AM / PM

Expected route of travel

Please specify times during the trip that you intend to contact outside personnel - specify person to be contacted and anticipated method of contact.

Communications capability; radio FQ and all cellular telephone numbers

PLEASE LEAVE ALL COMMUNICATIONS EQUIPMENT ON DURING THE TRIP.

Name of each person traveling and emergency contact person and telephone: