

Deployment Check-in / Check-out Form

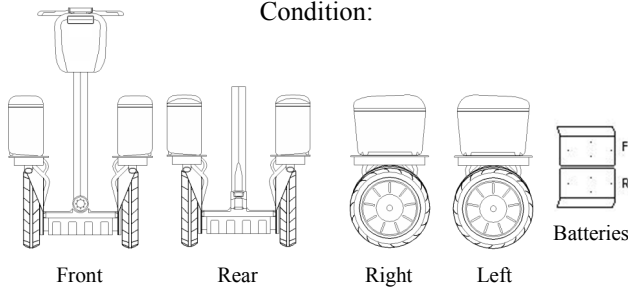
Employee Name: _____ Event: _____ Unit # _____

OUT

IN

Date/Time Out _____ Mileage _____

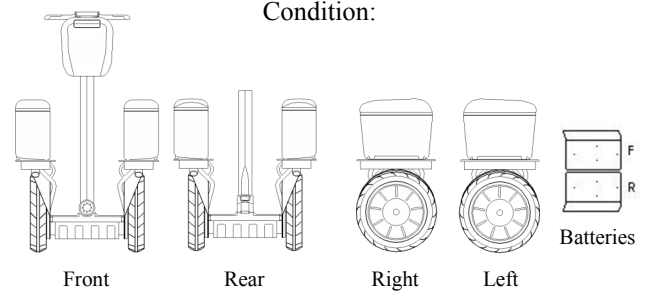
Condition:



Notes: _____

Date/Time In _____ Mileage _____

Condition:



Notes: _____

Out Checklist

- | | |
|---|--|
| <input type="checkbox"/> Battery Level | <input type="checkbox"/> Accelerate/Stop |
| <input type="checkbox"/> Info Key | <input type="checkbox"/> Wheel Wobble |
| <input type="checkbox"/> Info Key Battery Level | <input type="checkbox"/> Unit On/Off |
| <input type="checkbox"/> LeanSteer | <input type="checkbox"/> Reset Trip |
| <input type="checkbox"/> Step On/Off Unit | <input type="checkbox"/> Reset Average Speed |
| <input type="checkbox"/> Test Drive | |

Note any issues: _____

In Checklist

Total Miles Driven: _____ Average Speed: _____
 _____ New Damage
 Y / N ? _____ Incident
 _____ Unit Functions OK

Note any issues or questions: _____

Incident Report Area

Short Description of Incident		
Did incident result in damage to the unit?	Y N	If yes, describe damage:
Did incident result in Injury to a person?	Y N	If yes, describe injury:
Details of Incident:		Where?
Date and time incident happened or was discovered		
Narrative with all information available on witnesses, injuries, police and other vehicles.		
Employee Signature:		Date of Report:

Supervising Officer Review; Follow Up Plan:

Checklist

- | | |
|----------------------------------|--|
| <input type="checkbox"/> Inspect | <input type="checkbox"/> Quarantine |
| <input type="checkbox"/> Repair | <input type="checkbox"/> Send to Corporate |
| <input type="checkbox"/> Test | |

Supervising Officer Name: _____

Supervising Officer Signature: _____

Date: _____

Please check if more information follows on reverse or attachment.