

## Deployment Check-in / Check-out Form

Employee Name: \_\_\_\_\_ Event: \_\_\_\_\_ Unit # \_\_\_\_\_

OUT

IN

Date/Time Out \_\_\_\_\_ Mileage \_\_\_\_\_

Condition:

Front      Rear      Right      Left      Batteries

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date/Time In \_\_\_\_\_ Mileage \_\_\_\_\_

Condition:

Front      Rear      Right      Left      Batteries

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Out Checklist**

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

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:
<b>Details of Incident:</b>	Date and time incident happened or was discovered	Where?
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	Supervising Officer Name: _____
<input type="checkbox"/> Repair	<input type="checkbox"/> Send to Corporate	Supervising Officer Signature: _____
<input type="checkbox"/> Test		Date: _____

Please check if more information follows on reverse or attachment.