

Department Check-in / Check-out Form

Employee Name: _____ Date: _____ Unit # _____

OUT

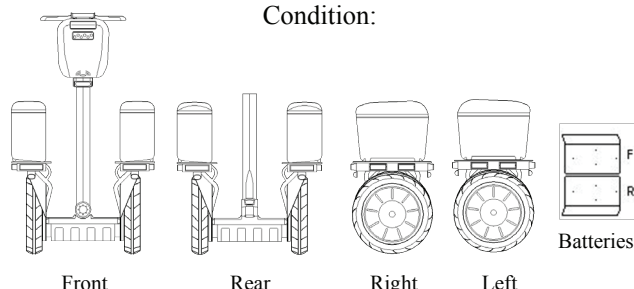
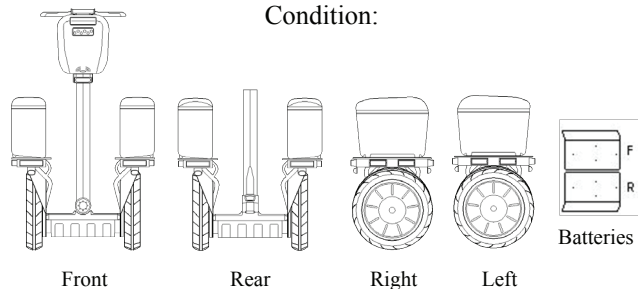
IN

Date/Time Out _____ Mileage _____

Date/Time In _____ Mileage _____

Condition:

Condition:



Notes: _____

Notes: _____

Out Checklist

In 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"/> Emergency Lights |
| <input type="checkbox"/> Unit On/Off | <input type="checkbox"/> Siren Test |
| <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 | |

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

Note any issues: _____

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:	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 |
| <input type="checkbox"/> Repair | <input type="checkbox"/> Send to Corporate |
| <input type="checkbox"/> Test | |

Supervising Officer Name: _____

Supervising Officer Signature: _____

Date: _____