

**COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH
ADMINISTRATIVE SUPPORT BUREAU
DAILY TRIP FORM AND SAFETY CHECKLIST**

Vehicle #: _____ Date Vehicle Dispatched Out: _____
 Number of Passengers: _____ Time of Check-Out: _____
 Estimated Number of Hours: _____ Date Vehicle Dispatched In: _____
 Time of Check-In: _____

Distribution*
 ORIGINAL – LOCAL VEHICLE
 COORDINATOR
 COPY - DMH-ASB
 FLEET MANAGEMENT UNIT

VEHICLE DISPATCHED BY: _____

FUND ORG NUMBER: _____

DATE: _____

PROGRAM NAME: _____

WORK ADDRESS: _____

EMPLOYEE NAME, LICENSE NUMBER
& EXPIRATION DATE: _____

EMPLOYEE NUMBER: _____

EMPLOYEE PHONE NUMBER: _____

PAYROLL TITLE: _____

SUPERVISOR'S AUTHORIZED
SIGNATURE: _____

FALSIFYING THIS REPORT MAY BE CAUSE FOR DISCIPLINARY ACTION UP TO AND INCLUDING DISCHARGE FROM COUNTY SERVICE.

Starting Odometer Reading: _____ Ending Odometer Reading: _____ Total Miles Driven: _____

Circle one: Beginning Fuel: E ¼ ½ ¾ F Ending Fuel: E ¼ ½ ¾ F

Single Destination Location: _____

Multiple Destinations:

DATE	TIME	ADDRESS, STREET & NUMBER	CITY/TOWN	ODOMETER	TOTAL MILES DRIVEN	PURPOSE OF TRIP

SAFETY CHECKLIST DATA

Area of Inspection:	YES	NO (Appropriate Notifications Must Be Made)	Vehicle is to be "Non-Operational" if this item is marked "NO"
Working Headlights?			Non-Operational
Working Turn Signals?			Non-Operational
Working Windshield Wipers – Condition is Good?			Non-Operational
Working Seat Belts?			Non-Operational
Working Brake Lights?			Non-Operational
Working Radio Equipment?			Non-Operational
Spare Tire and Jack in Vehicle?			Non-Operational
First Aid Kit in Vehicle?			
Fire Extinguisher and/or Flares in Vehicle?			
Emergency Reflector in Trunk of Vehicle?			
Visually Inspected Tires on Vehicle?			
Any Visible Vehicle Damage on Vehicle?			Non-Operational
Does the County Vehicle have the "How is My Driving" Bumper Sticker?			
Does the County Vehicle have the "Safe Surrender" Bumper Sticker?			
Does the Vehicle have the Vehicle Accident/Incident Package in the Glove Compartment?			
Comments, please explain:			

I hereby certify that 1) The above trips were necessary in the performance of my duties and were in the scope of County business, 2) I possess a valid California Driver's License with the appropriate class, 3) I have read and understand all Departmental vehicle and safety policies and procedures, and 4) the Daily Trip Log and Safety Checklist Data above is accurate.

Employee Signature: _____

Supervisor's Name Printed: _____

Supervisor's Signature: _____