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| Pre-Trip Safety Checklist |
| This checklist is designed to be completed for all planned trips outside the local area when service members are going on leave/liberty. Its use is encouraged when service members are going on trips even if not on official leave/liberty. It will help service members, commanders, and other leaders ensure drivers and vehicles are safe prior to departure and that the trip has been sufficiently planned (time, rest stops, alternate drivers, anticipated weather conditions) to get safely to the destination and back. 1. Trip Information  * Point Of Origin To Destination:   + Destination:   + Travel Distance One Way:   + Point of Origin Departure Date & Time:   + Expected Destination Arrival Time:   + Mode of Travel:   + Travel Route Planned in Advance? Yes \_\_\_ No \_\_\_   + If Driving PMV: # of licensed drivers:   + Planned Rest Stops/Breaks:   + Anticipated Weather Conditions: * Return From Destination To Point Of Origin:   + Destination Departure Date & Time:   + Expected Arrival Time at Point of Origin:   + Mode of Travel:   + Travel Route Planned in Advance? Yes \_\_\_ No \_\_\_   + If driving PMV: # of licensed drivers:   + Planned Rest Stops/Breaks:   + Anticipated Weather Conditions:  2. POV Inspection Checklist  * VEHICLE CONDITION: [Complete the checklist on the next page.](http://www.safetycenter.navy.mil/ashore/motorvehicle/toolbox/pre-tripPMV.htm) * INSURANCE: Is service member's car insurance coverage up to date/current? Yes \_\_\_\_ No \_\_\_\_ * DRIVER'S LICENSE: Does service member possess a valid driver's license? Yes \_\_\_\_ No \_\_\_\_  3. SIGNATURES  * Service member planning trip:   Name/Rank: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Supervisor:   Name/Rank: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |