POV INSPECTION CHECKLIST For use of this form, see Fort Knox Reg 385-10					
OWNER/OPERATOR'S NAME:					
UNIT:			DUTY PHONE:		
YEAR/TYPE VEHICLE:			MILEAGE:		
ITEM	SAT	UNSAT	REMARKS		
1. LIGHTS					
a. Headlights					
b. Taillights					
c. Backing lights					
d. Emergency flashers					
e. Turn signal indicators					
f. Brake lights					
2. GLASS					
a. Windshield			Company of the second s		
b. Rear window					
c. Rear-view mirror					
3. EXHAUST SYSTEM					
4. WINDSHIELD WIPERS/WASHERS					
5. HORN					
6. STEERING SYSTEM					
7. BRAKE SYSTEM					
a. Driving brakes					
b. Emergency brake					
TIRES (including spare and changing equipment)					
9. SUSPENSION SYSTEM/SHOCK ABSORBERS/SPRINGS			Provide the second seco		
OVERALL RATING					
COMMENTS					

10. PRIVATELY OWNED VEHICLE (4-WHEEL)	YES	NO	
a. Valid Driver's License			
b. Valid State Registration			
c. Proof of Insurance			
d. Successfully completed AAC			
e. Safety Belts Present and Operational			
f. Is this the only vehicle you own?			
g. (Only if Item 10f is NO) Is this the vehicle you intend to drive during the holiday period?	Γ		
11. PRIVATELY OWNED VEHICLE (2-WHEEL)			
a. Valid Operator's License			
b. Valid State Registration			
c. Proof of Insurance	-		
d. Successfully completed AMSC			
e. Helmet, DOT Approved			
f. Safety Gear: Eye Protection, Full-fingered gloves, long trousers, long-sleeved shirt or jacket, high-visibility garmets (bright color for day and retro-reflective for night), leather boots or over-the-ankle shoes?	and a		
g. Is this the only vehicle you own?			
h. (Only if Item 11g is NO) Is this the vehicle you intend to drive during the holiday period?			
DATE INSPECTED: INSPECTOR:			
COMMENTS:			