



WORLD WIDE PROVING GROUND VEHICLE SAFETY INSPECTION CHECKLIST

A COPY OF THIS COMPLETED FORM MUST ACCOMPANY THE
REQUEST TO CONDUCT A VEHICLE TEST AT ANY WWPG

Test ID: _____ Odom: _____

Requested By : _____ Phone: _____ Vehicle Location: _____

Vehicle Number : _____ Model: _____ Color: _____

	OK	Repair	NA		OK	Repair	NA																																																				
Engine Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Horn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																				
Trans/Axle/Gearbox Fluids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mirrors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																				
Power Steering Fluid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heater / Defroster / A/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																				
Hydraulic Cooling Fan Fluid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Instrument Panel (lamps/indicators/gages)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																				
Radiator/Intercooler Coolant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Seat Belts/Restraints/Airbags Functional & Not Impeded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																				
Windshield/Wipers/Washer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flare Kits (Trucks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																				
Brakes/Brake Fluid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rear Mud Flaps (Trucks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																				
Belts & Hoses / Hose Clamps Seated & Attached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Secure All Weights/Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																				
Hood Latch/Battery Tie Down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Load Boxes/Systems must meet Proving Ground Std. 73-1																																																							
Head Lamps Hi+Lo Beam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ROAD TEST <input type="checkbox"/>																																																							
Parking Lamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Engine - Performance	<input type="checkbox"/>	<input type="checkbox"/>																																																					
Brake Lamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transmission - Performance	<input type="checkbox"/>	<input type="checkbox"/>																																																					
Backup Lamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Brakes - Performance	<input type="checkbox"/>	<input type="checkbox"/>																																																					
Emergency Flashers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parking Brake	<input type="checkbox"/>	<input type="checkbox"/>																																																					
Turn Signals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Steering	<input type="checkbox"/>	<input type="checkbox"/>																																																					
License Plate Lamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;"></th> <th style="width: 10%; text-align: center;">YES</th> <th style="width: 10%; text-align: center;">NO</th> <th style="width: 10%; text-align: center;">NA</th> </tr> </thead> <tbody> <tr> <td colspan="4">LIMIT HANDLING TEST</td> </tr> <tr> <td colspan="4" style="text-align: center; color: red; font-size: small;">Following checks required if Yes Box is checked:</td> </tr> <tr> <td>Certified Level 3 or 4 Driver (Circle Driver Certification Level)</td> <td style="text-align: center;"><input checked="" type="checkbox"/> 3</td> <td style="text-align: center;"><input checked="" type="checkbox"/> 4</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Roll Cage/Bar w/Harness</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Window Netting</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Arm Restraint</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Site Controller Load Approval</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Driver Performed Warm-up</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="4">High CG Vehicle w/Outriggers</td> </tr> <tr> <td colspan="4" style="text-align: center; color: red; font-size: small;">Following checks required if No Box is checked:</td> </tr> <tr> <td>Level 4 Driver Performing Test or Level 4 Driver Approval CDS ID (Vehicle & Procedure)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Site Controller Test Approval</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>					YES	NO	NA	LIMIT HANDLING TEST				Following checks required if Yes Box is checked:				Certified Level 3 or 4 Driver (Circle Driver Certification Level)	<input checked="" type="checkbox"/> 3	<input checked="" type="checkbox"/> 4	<input type="checkbox"/>	Roll Cage/Bar w/Harness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Window Netting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Arm Restraint	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Site Controller Load Approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Driver Performed Warm-up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	High CG Vehicle w/Outriggers				Following checks required if No Box is checked:				Level 4 Driver Performing Test or Level 4 Driver Approval CDS ID (Vehicle & Procedure)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Site Controller Test Approval	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Wheel Rims & Lug Nuts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																								
Exhaust System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																								
Frame & Mounts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																								
Suspension/Wheel Bearings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																								
Tire Speed Rating **	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																								
Tire Match & Tread Depth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																								
Tire Pressure Specified (psi):	Front:	Rear:																																																									
	_____	_____																																																									
Tire Pressure Set (psi):	<input type="checkbox"/>	<input type="checkbox"/>																																																									

REMARKS: _____

Air Pressure Gage Number: _____ Location of vehicle when complete: _____

Inspected By: _____ Approved By: _____ Date: _____

Safety Decal Installed YES NO
 (PG Garage circle decal status)