



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
Engine Oil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trans/Axle/Gearbox Fluids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Power Steering Fluid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hydraulic Cooling Fan Fluid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radiator/Intercooler Coolant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Windshield/Wipers/Washer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brakes/Brake Fluid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Belts & Hoses / Hose Clamps Seated & Attached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hood Latch/Battery Tie Down	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Head Lamps Hi+Lo Beam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parking Lamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brake Lamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Backup Lamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Flashers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Turn Signals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
License Plate Lamps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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: _____

	OK	Repair	NA
Horn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mirrors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heater / Defroster / A/C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instrument Panel (lamps/indicators/gages)	<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"/>
Flare Kits (Trucks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rear Mud Flaps (Trucks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Secure All Weights/Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Load Boxes/Systems must meet Proving Ground Std. 73-1

	OK	Repair	NA
ROAD TEST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engine - Performance	<input type="checkbox"/>	<input type="checkbox"/>	
Transmission - Performance	<input type="checkbox"/>	<input type="checkbox"/>	
Brakes - Performance	<input type="checkbox"/>	<input type="checkbox"/>	
Parking Brake	<input type="checkbox"/>	<input type="checkbox"/>	
Steering	<input type="checkbox"/>	<input type="checkbox"/>	

	YES	NO	NA
LIMIT HANDLING TEST	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	
Roll Cage/Bar w/Harness	<input type="checkbox"/>	<input type="checkbox"/>	
Window Netting	<input type="checkbox"/>	<input type="checkbox"/>	
Arm Restraint	<input type="checkbox"/>	<input type="checkbox"/>	
Site Controller Load Approval	<input type="checkbox"/>	<input type="checkbox"/>	
Driver Performed Warm-up	<input type="checkbox"/>	<input type="checkbox"/>	
High CG Vehicle w/Outriggers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>	
Site Controller Test Approval	<input type="checkbox"/>	<input type="checkbox"/>	

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