County of Los Angeles - Department of Mental Health
Administrative Support Bureau - Fleet Management

DAILY TRIP FORM AND SAFETY CHECKLIST

Safe Driving Training is Recommended for All Mileage Permittee

Distribution* **ORIGINAL —** Vehicle Coordinator **COPY —** Fleet Management

Vehicle Number

Metro Transponder Number

Vehicle Dispatched By	Date Checked Out	Time Checked Out	Number of Passangers

Date Returned	Time Returned

Program Name	Unit Code	Program Address

Employee Name	Employee Driver's License Number	Employee Driver's License Expiration Date

Employee Number	Empolyee Payroll Title	Employee Telephone Number

Employee Supervisor's Authorization (Printed Name and Signature)	Vehicle Coordinator's Authorization (Printed Name and Signature)

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

Starting Odometer	Ending Odometer	Total Miles Driven

Beginning Fuel (Circle One)	Ending Fuel (Circle One)	Gallons of Fuel Pumped (if any)
E 1/4 1/2 3/4 F	E 1/4 1/2 3/4 F	

ARRIVAL TIME	DESTINATION ADDRESS	ARRIVAL ODOMETER	MILES DRIVEN	PURPOSE OF TRIP	TRANSPONDER USAGE JUSTIFICATION*

No County-owned vehicles may be driven outside of Los Angeles County without the express permission from the Deputy Director or Designee.

I certify that I possess a valid California Driver's License with appropriate class and the above trips were necessary in the performance of my duties. *I agree and understand that transponders may only be used for County-related business and not for personal use, all violation and delinquent penalties are my responsibility, and misusing transponders is grounds for progressive disciplinary action.

Employee (Printed Name and Signature) Date

Deputy Director or Designee Name (Printed Name and Signature) Date

L.A.C.C. SECTION 5.40.300 AND L.A.C.C. SECTION 5.40.120 (v 1.3)

*Fax a copy to the DMH-ASB Fleet Management at (213) 252-9740 no later than the 10th business day of the following month. Original to be kept on file by your Vehicle Coordinator.

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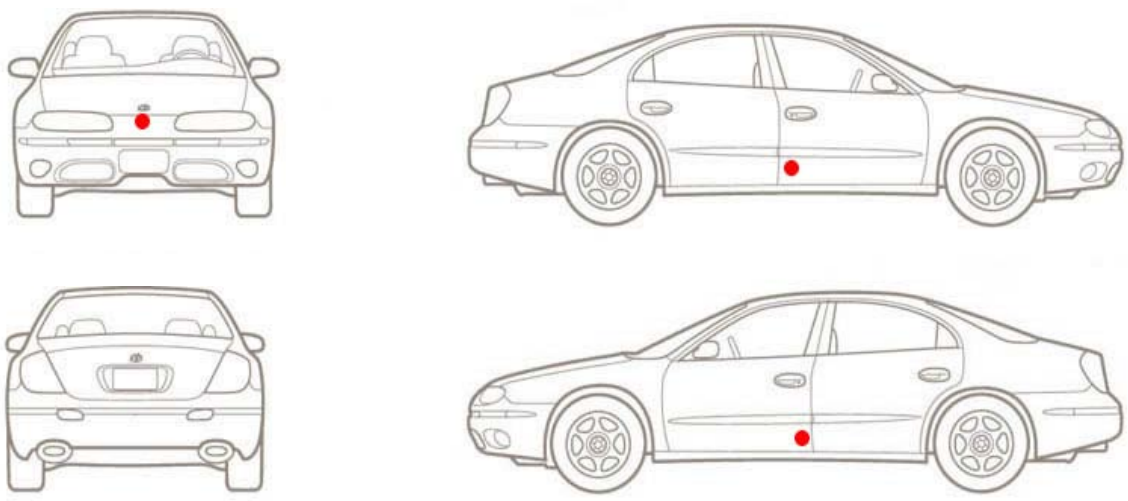

Inspection Comments

SAFETY CHECKLIST DATA

VEHICLE CONDITION	YES	NO (Appropriate Notificaitons 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
Spare Tire and Jack in Vehicle?			NON-OPERATIONAL
First Aid Kit in Vehicle?			
Fire Extinguisher and/or Flares in Vehicle?			
Emergency Reflector in Trunk or Vehicle?			
Visually Inspected Tires on Vehicle?			
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?			
VEHICLE EMERGENCY HEALTH AND SAFETY BAG CHECK LIST	**YES**	**NO** if item is missing	**CHECK BOX FOR ITEM TO BE REPLACED**
Red Bag			
First Aid Kit			
Textured Gloves			
Under Pads			