



DRIVER CHECK LIST

State Form 55272 (R / 12-23)
INDIANA DEPARTMENT OF HEALTH

Driver: _____

Program Area: _____

Vehicle Number: _____

Date (month, day,
year): _____

Please check appropriate and applicable responses before returning car keys to Facilities Coordination, 2nd Floor.

	<u>ITEM</u>	<u>OK</u>	<u>NOT OK</u>	<u>DID NOT USE</u>
1	Headlights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Left Turn Signal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Right Turn Signal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Four-Way Flashers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Engine Starting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Brakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Windshield Wipers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Windshield Washer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Spare Tire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	State Map	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Flashlight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Ice Scraper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Please respond to items below **BEFORE** returning keys.*

	<u>ITEM</u>	<u>OK</u>
1	Gas Tank Filled Half Tank or More	<input type="checkbox"/>
2	Interior Cleaned of Trash	<input type="checkbox"/>
3	Mileage Sheet Filled Out	<input type="checkbox"/>
4	Car Returned to designated parking space	<input type="checkbox"/>
5	Windows Closed, Doors Locked	<input type="checkbox"/>
6	Completed State Form 49632, Employee Statement of Employer Provided Vehicle Use, and turned into Finance if car was driven home overnight.	<input type="checkbox"/>
7	Checklist, Mileage Sheet, Clipboard, Gas Credit Cards and Receipt, Parking Pass and Keys Returned to Facility Management.	<input type="checkbox"/>

Other Comments (Please explain any "NOT OK" checks above.):

Signed: _____

Previous Operator: _____

Time Returned: _____

Received By: _____