

MOTOR VEHICLE CHECKLIST
(to be completed for each personal vehicle used on trips sponsored by FELC)

Date _____ Trip Destination _____

(This section to be completed by vehicle owner)

Owner's Name _____

Address _____

Vehicle Make and Year _____

Color _____ Plate number _____ Renewal date _____

(This section to be completed by Program Coordinator)

Passengers:

1 _____	Contact # _____	2 _____	Contact # _____
3 _____	Contact # _____	4 _____	Contact # _____
5 _____	Contact # _____	6 _____	Contact # _____

Alternate Driver's name: _____
(information must be on file with Church office)

Basic Safety Check (required)

- 1. Seat Belts for every passenger _____
- 2. Tire tread OK _____ Spare _____
- 3. Brakes OK _____
- 4. Windshield wipers OK _____
- 5. Current inspection sticker _____
- 6. Headlights and turn signal operating _____
- 7. Rearview Mirrors OK _____
- 8. Exhaust system OK _____

Additional Safety Items (recommended)

(these items are available in the Church office)

- 1. First Aid kit _____
- 2. Fire extinguisher _____
- 3. Flashlight _____
- 4. Flares or reflectors for emergencies _____
- 5. Cargo secured _____
- 6. Jumper cables _____

PROGRAM COORDINATOR'S SIGNATURE _____

ACCOMPANYING ADULT SIGNATURE _____
(May leave blank if the program coordinator is attending.)

Place proof of insurance card here

to be photocopied by church office

and kept on file if operating a private vehicle

FELC VEHICLE CHECKLIST

Date _____ Trip Destination _____

(This section to be completed by Program Coordinator)

Owner's Name First Evangelical Lutheran Church

Address 803 Third Avenue, Longmont, CO 80501

Telephone number 303-776-2704

Year and Vehicle Make _____ Color _____ Plate number _____

Insurance Company Church Mutual Liability Coverage \$1,000,000

Insurance Telephone number 800-554-2642 (option 2 for claims)

Driver's name _____ (information must be on file with church office)

Alternate Driver's name _____ (information must be on file with church office)

Passengers (Please Print):

Table with 3 columns: Passenger #, Contact #, Contact #. Rows 1-13.

Basic Safety Check (required)

- 1. Seat Belts for every passenger
2. Tire tread OK
3. Brakes OK
4. Windshield wipers OK
5. Current inspection sticker
6. Headlights and turn signal operating
7. Rearview Mirrors OK
8. Exhaust system OK

Additional Safety Items (recommended)

- 1. Flares or reflectors for emergencies
2. Fire extinguisher
3. Flashlight
4. First Aid kit
5. Cargo secured

PROGRAM COORDINATOR'S SIGNATURE _____

ACCOMPANYING ADULT SIGNATURE _____ (May leave blank if the program coordinator is attending.)