

IRON HORSE 4 X 4 SAFETY CHECK LIST

Member Name: _____

Date: _____

Valid D.L.: Y N

INS.: Y N

Vehicle: _____

Daily Driver Y N

Off Road: Y N

Required for All	Yes	No	
Working Lights	<input type="checkbox"/>	<input type="checkbox"/>	<i>Suggested repairs and/or notes:</i>
Working Exhaust	<input type="checkbox"/>	<input type="checkbox"/>	
Seat Belts	<input type="checkbox"/>	<input type="checkbox"/>	
Front Tow Points	<input type="checkbox"/>	<input type="checkbox"/>	
Rear Tow Point	<input type="checkbox"/>	<input type="checkbox"/>	
C.B.	<input type="checkbox"/>	<input type="checkbox"/>	

Required Off Road/Suggested for All	Yes	No	
Spare Tire	<input type="checkbox"/>	<input type="checkbox"/>	<i>Suggested repairs and/or notes:</i>
Jack	<input type="checkbox"/>	<input type="checkbox"/>	
Lug Wrench	<input type="checkbox"/>	<input type="checkbox"/>	
1st Aid Kit	<input type="checkbox"/>	<input type="checkbox"/>	
Fire Extinguisher	<input type="checkbox"/>	<input type="checkbox"/>	
Funnel	<input type="checkbox"/>	<input type="checkbox"/>	
Strap	<input type="checkbox"/>	<input type="checkbox"/>	
Clevis	<input type="checkbox"/>	<input type="checkbox"/>	

		Highly Suggested	Yes	No
		Basic Tools	<input type="checkbox"/>	<input type="checkbox"/>
_____ Inspector	_____ Inspector	Oil / AF / ATF	<input type="checkbox"/>	<input type="checkbox"/>
_____ Inspector	_____ Inspector	Spare Parts	<input type="checkbox"/>	<input type="checkbox"/>
_____ Officer's Approval	_____ Officer's Approval		<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>