



RANCHO LOS AMIGOS
NATIONAL REHABILITATION CENTER

County of Los Angeles/Department of Health Services
Facilities Management Department

POOL VEHICLE TRIP REPORT

EMPLOYEE NAME:		EMPLOYEE NUMBER:	
DEPARTMENT:		TITLE:	
CA. DRIVER'S LICENSE NO:		EXPIRATION DATE:	
PURPOSE OF TRIP/DESTINATION:			
SUPERVISOR'S APPROVAL OR DESIGNEE:		DATE:	

NOTE: EMPLOYEES ARE REQUIRED TO PRESENT THEIR IDENTIFICATION BADGE AND CA DRIVER'S LICENSE AND RECEIVE SUPERVISOR APPROVAL PRIOR TO OBTAINING A COUNTY POOL VEHICLE IN ACCORDANCE WITH LA COUNTY CODE SECTION 5 40 300 AND CANNOT BE KEPT OVERNIGHT, WEEKENDS OR HOLIDAYS AT THE EMPLOYEES RESIDENCE. ANY EMPLOYEE VIOLATING THE PROVISIONS OF THIS SECTION, WILL BE SUBJECT TO DISCIPLINARY ACTION, UP TO AND INCLUDING DISCHARGE.

"I understand that Los Angeles County vehicles are to be used solely for County business, and by authorized County employees. County vehicles are not to be operating outside the Los Angeles County boundaries unless approved by the Chief Executive Officer/Chief Operating Officer. I have read and understand County policy on vehicle use:

Employee/Driver Signature:

DATE:

OUT OF LOS ANGELES COUNTY APPROVAL:

Chief Executive Officer/Chief Operating Officer

DATE:

PRE-TRIP VEHICLE SAFETY CHECKLIST

Tires Directional Signals Brake lights Brake Function Seatbelt Function Windshield Wiper Function

Comments:

Assigned Vehicle No:

Odometer Reading OUT:

Odometer Reading IN:

GAS LEVEL WHEN VEHICLE RETURNED:

Full ¾ ½ ¼ Empty

RETURN COMPLETED PAPER WORK AND VEHICLE KEYS TO 500/ROOM 5 UPON CONCLUSION OF VEHICLE TRIP