

DATE: / / TIME: INSPECTION PERFORMED BY:

PROVIDER INFORMATION

PROVIDER NAME _____ PROVIDER TELEPHONE NO. _____

VEHICLE INFORMATION

Initial Inspection Re-inspection

Plate Number: _____ VIN: _____ Mileage: _____

Vehicle #: Sedan Van (>8 Pax) Van/SUV (<8 Pax) W/C Van Stretcher

Make _____ Model _____ Year _____

INSPECTION CHECKLIST

SAFETY ITEMS (Mandatory)

M1	P F	Mirrors (side, rearview, interior)	M8	P F	Operational Radio/Phone/Tablet
M2	P F	Windshield (free of obstruction) /	M9	P F	Horn
M3	P F	Tires (treads, lugs, inflation)	M10	P F	Windows (must roll up and down)
M4	P F	Lights (headlights, brake, turn signal, hazards)	M11	P F	Vehicle Registration Date:
M5	P F	Seat Belts for Each Passenger/2 Extensions	M12	P F	Decals (Business Name/Phone number/ PUC Number; 3" in size) Both sides
M6	P F	A/C—Heating	M13	P F	PUC Sticker Date:
M7	P F	Insurance ID Card Date:	M14		

WHEELCHAIR (REAR or SIDE Loading)

W1	P F	Wheelchair Lift Normal/ Manual Fully Operational Operation	W11	P F	Other
W2	P F	Lift Platform (30" x 48")	W12	P F	Minimum 56" Interior headroom
W3	P F	Platform Barriers (1 1/2")	W13	P F	Lift controls inside vehicle and secure
W4	P F	Lift Hand Rails(s)	W14	P F	Shoulder Restraint
W5	P F	Lift Platform Loading Barrier	W15	P F	Lap Restraint/Lap Belt
W6	P F	Lift Door Height (<22' = 56" / >22' = 68")	W16	P F	Lap Belt
W7	P F	Metal Mesh/Non Skid Plate	W17	P F	4 Floor Straps-Forward facing
W8	P F	Reflective Tape on Lift	W18	P F	Lift Lock in Up Position
W9	P F	Convex Mirror	W19	P F	Parking Brake and Engine Interlock
W10	P F	Door Weather stripping	W20	P F	Emergency Manual Lift operational

GENERAL (condition of vehicle and materials)

G1	P F	Exterior Decals	G9	P F	Signs: Broker information
G2	P F	General Cleanliness Interior	G10	P F	Flashlight
G3	P F	Floor Space	G11	P F	Reflector
G4	P F	Walls and Windows	G12	P F	Biohazard Kit
G5	P F	Upholstery/Flooring	G13	P F	First Aid Kit (check expiration)
G6	P F	Overhead and Interior Lighting	G14	P F	General Cleanliness Exterior
G7	P F	Operator Incident Report	G15	P F	Map or GPS
G8	P F	Signs: No Smoking or Eating / Wear Seatbelts	G16	P F	Fire Extinguisher

GPS with capability to produce reports? Y N

INSPECTION RESULTS

PASS RE-INSPECT / DATE: FAIL (OUT OF SERVICE)

CORRECTIVE ACTION / NOTES: (Any failed safety item results in vehicle off the road until corrected.)

FRONT LEFT TIRE:	FRONT RIGHT TIRE:
BACK LEFT TIRE:	BACK RIGHT TIRE:

PROVIDER REPRESENTATIVE _____ Date: _____
(Print Name/ Signature)

TRANSDEV INSPECTOR _____ Date: _____
(Print Name/ Signature)