Vehicle Inspection Checklist



Prov	r Na	me:	Provider Representative:							
Insp	ion	Гуре	Vehicle Type							
□Ini	Random	□Sedan □				□Bus □Stretcher				
□Re										
Lice	Pla	te # VIN	Mileage							
Vehicle #			Year Make			Model				
Mandatory Safety Requirements										
S1	1	F		S8	Ρ	F		Horn		
S2			Windshield (free of obstruction) / Wipers	S9	P			Windows (must be fully functional)		
S3	1	F	Tires (treads, lugs, inflation)	S10	Р			Signage (Business name/Phone/PUC		
	· ·	•		0.0	-	•		Number) both sides		
S4	Р	F	Lights (head, brake, turn signal, hazards)	S11	Ρ	F		Tire Tread (check all 4 tires)		
S5		F	Seat Belts for Each Passenger/2	S12	P			Vehicle Registration Exp Date:		
			Extensions			-				
S6	Ρ	F	A/C & Heating	S13	Ρ	F		Insurance Card Exp Date:		
S7		F	Operational Radio/Phone/Tablet	S14	Ρ	F		State Sticker Exp Date:		
Mandatory Wheelchair Requirements										
W1	1	• F	-	W11	F	C	F	Door Weather Stripping		
			Operation							
W2	F	Р F	Lift Platform (30" x 48")	W12	F	C	F	Minimum 56" Interior Headroom		
W3	F	Р F	Platform Barriers (1 1/2")	W13	F	C	F	Lift Controls (interior and secure)		
W4	F	F	Lift Handrails(s)	W14	F	C	F	Shoulder Restraint Belt		
W5	F	F	Lift Platform Loading Barrier	W15	F	C	F	Lap Restraint Belt		
W6	F	F	Lift Door Height (<22' = 56" / >22' = 68")	W16	F	C	F	4-Point Floor Securement Tie Down		
W7	F	F	Reflective Tape on Lift	W17	F	C	F	Lift Lock in Upright Position		
W8	F	F	Metal Mesh/Non-skid Plate	W18	F	2	F	Parking Brake and Engine Interlock		
W9	F	° F	Reflective Tape on Lift	W19	F	2	F	Emergency Manual Lift		
W10) F	Р F	Convex Mirror							
General Condition of Vehicles & Materials										
C1	Ρ	F	Exterior Decals	C8		Ρ	F	Emergency Triangles/Flares/Reflectors		
C2	Ρ	F	General Interior Cleanliness	C9		Ρ	F	First Aid Kit (check expiration)		
C3	Ρ	F	General Exterior Cleanliness	C10		Р		Biohazard/COVID Kit		
C4	Ρ	F	Upholstery/Flooring/Floor Space	C11		Р		Flashlight		
C5	Ρ	F	Walls and Windows	C12		Р		Fire Extinguisher		
C6	Ρ	F	Overhead and Interior Lighting	C13		Ρ	F	Map or GPS		
C7	Ρ	F	Smoking or Eating / Wear Seatbelts Signs	C14		Ρ	F	Incident Accident Form/Medical Waiver		
Vehicle will be removed from service for any violations and must remain out of service until it passes reinspection.										
Inen		tion	Results	ıre)e					
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Date

- □Pass
- Provisional Re-inspect date:
- \Box Fail (out of service)

Exterior
Interior
None (state reason):

Transdev Signature

Date

Provider	Signature