

DAILY VEHICLE INSPECTION

VEHICLE ID	LAST SIX DIGITS OF VIN	MAKE & MODEL

THE PROVIDER SHALL INSPECT THE FOLLOWING ITEMS BEFORE PROVIDING THE FIRST TRIP OF THE DAY

WEEK OF ___/___/___		SUN	MON	TUES	WED	THURS	FRI	SAT	
ODOMETER READING									
INSPECTION ITEMS		Yes	No	Yes	No	Yes	No	Yes	No
EXTERIOR	Ground under vehicle free of leaked fluids?								
	Auto body free of new damage?								
	Clean windows and mirrors?								
	Windshield wipers/washers appear OK?								
TIRES APPEAR OK?	Properly inflated?								
	Free of visible damage?								
UNDER THE HOOD The provider shall check oil and belts before starting vehicle.	Adequate clean oil?								
	Hoses appear OK? (e.g., no cracks, leaks)								
	Belts appear OK? (e.g., no fraying)								
	Adequate windshield washer fluid?								
ITEMS STORED IN VEHICLE?	Current, valid insurance ID card?								
	Current, valid vehicle registration?								
	Biohazard kit?								
	First-aid kit?								
	Seatbelt cutter?								
	Flares or reflective triangles?								
	Fire extinguisher?								
	Blanket? (winter only)								
ITEMS INSPECTED FROM THE INTERIOR APPEAR OK?	Seat belts?								
	Seats hazard-free (tears, loose armrests)?								
	Floor free of hazards?								
	Clean interior?								
	Mirrors adjusted properly?								
	Doors operate from inside and outside?								
	Door locks?								
	Gauges? (e.g., oil, fuel, temp.)								
	Fuel level adequate?								
	No warning lights (e.g., check brakes) lit?								
	2-way communication device? (e.g., radio/cell)								
	Horn?								
	Back-up alarm (if equipped)?								
	Brakes?								
	Heater, defroster, and AC?								
LIGHTS WORKING PROPERLY? The provider shall use a second person to inspect lights that he/she cannot inspect. (e.g., brake lights and back-up lights)	Each headlight (high & low beam)?								
	Each tail light and marker light?								
	Each brake light?								
	Each turn signal?								
	Each back-up light?								
	Hazard lights (front and rear)?								
	License plate light?								
	Interior lights?								
If equipped WHEELCHAIR LIFT and RAMP APPEAR OK?	Operates through complete cycle?								
	Properly secured to vehicle?								
	Proper number of restraints?								
	Free of physical damage or leaking fluid?								
	Free of dirt, mud, gravel, salt, etc.?								

ATTESTATION: I hereby verify that the inspection findings above are accurate.	_____
