

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 | 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.? | | | | | | | | | | | | | |

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