**Vehicles transporting passengers: Sample** **daily vehicle inspection**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Assigned Driver: | | | | Department: |
| Vehicle Year/Make/Model: | | | | Vehicle Number: |
| License/Tag Number: | | | | Mileage: |
| **Fluid Levels** | **Status** | | | **Comments** |
|  | **Ok** | **Low** | **Corrected** |  |
| Fuel level |  |  |  |
| Brake fluid level |  |  |  |
| Engine oil level |  |  |  |
| Engine coolant level |  |  |  |
| Power steering fluid level |  |  |  |
| Transmission fluid level |  |  |  |
| Washer fluid level |  |  |  |
| **Vehicle Components** | **Status** | | | **Comments** |
|  | **Ok** | **Issue** | **Corrected** | *Important: Report vehicle damage immediately or you may be held responsible for it.* |
| **Engine/transmission/brakes** | | | |
| * Engine – belts/hoses |  |  |  |
| * Transmission |  |  |  |
| * Brakes |  |  |  |
| * Parking brake |  |  |  |
| * Steering |  |  |  |
| * Back-up cameras and alarms |  |  |  |
| **Exterior** | | | |
| * Auto body condition |  |  |  |
| * Windshield condition |  |  |  |
| * Wipers |  |  |  |
| * Mirrors – Rear and side view |  |  |  |
| * Tires and tread depth |  |  |  |
| **Lights** | | | |
| * Headlights and high beams |  |  |  |
| * Fog lights |  |  |  |
| * Taillights and brake lights |  |  |  |
| * Turn signals |  |  |  |
| * Emergency flashers |  |  |  |
| **Interior** | | | |
| * Horn |  |  |  |
| * Interior lights |  |  |  |
| * Heating/cooling system |  |  |  |
| * Seat belts/restraints |  |  |  |
| * Interior cond./cleanliness |  |  |  |
| * Radio/communications |  |  |  |
| * GPS/routing |  |  |  |
| * Ice scraper/snow brush |  |  |  |
| * Flashlight |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Emergency equipment** | **Status** | | | **Comments** |
|  | **Ok** | **Issue** | **Corrected** |  |
| Personal protective equipment: gloves masks, sanitizers |  |  |  |
| First aid kit and related supplies |  |  |  |
| Fire extinguisher |  |  |  |
| Emergency triangles |  |  |  |
| Emergency safety belt cutter |  |  |  |
| Emergency exit window insp. |  |  |  |
| Orange cones |  |  |  |
| Individual care plans accessible |  |  |  |
| Accident/breakdown procedures and contacts |  |  |  |
| Insurance and registration card |  |  |  |
| **Loading and securement** | **Status** | | | **Comments** |
|  | **Ok** | **Issue** | **Corrected** |  |
| Portable step (if needed) |  |  |  |
| Ramp condition/operation |  |  |  |
| Lift – cycle tested |  |  |  |
| Lift – safety gate locks |  |  |  |
| Lift – warning alarm audible |  |  |  |
| Lift – emergency lift handle |  |  |  |
| Adequate # of wheelchair securement devices |  |  |  |
| Condition of securement devices |  |  |  |
| Adequate # of wheelchair passenger restraints |  |  |  |
| Condition of passenger restraints |  |  |  |
| Floor tracks clear/ good condition |  |  |  |
| **Driver Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **Repair assessment**  **Repairs made and vehicle is safe to operate**  **Repairs needed, vehicle is safe to operate**  **Repairs needed, vehicle is not safe to operate** | | | | **Manager/technician:**  **Date:** |
| **Repair Comments:** | | | |  |