

VEHICLE INSPECTION FORM East Grand Middle Grand West Grand



Date		Company Name			Company Vehicle #		Inspection Type: Original Annual Corrective-Action Rental Other				
Vehicle Owner			VIN			Vehicle Make / Model / Type					
Vehicle Tag Number		Expiration Date		Vehicle Mileage		Passenger Capacity		SETI Decal #			
ITEM		PASS	FAIL	N/A	REINSP	ITEM		PASS	FAIL	N/A	REINSP
*1. Directional Signals						*35. First Aid Kit (10 unit)					
*2. Hazard Warning Signals						*36. Spill Kit					
*3. Head Lamps						*37. Portable Triangular Reflectors (3)					
*4. Stop, Park, Reverse Lamps						*38. Seatbelts (functioning)					
*5. Tires, Wheels,						*39. Seatbelt Cutter (1)					
*6. Spare Tire, Jack, Lug Wrench						*40. Seatbelt Extensions (2)					
7. Suspension						*41. Service Area Maps (GPS)					
8. Wiring, Battery and Belts						*42. SIGNS Belts, Player, S/E/D, Info					
*9. Windshield Wipers, Washers						*43. Business cards: Provider & Broker info					
*10. Window Glass						44. Child Safety Seats					
*11. Steering and Front Axle						*45. General Ride: <input type="checkbox"/> Rough <input type="checkbox"/> Vibrates					
12. Standee Line and Warning						46. Vehicle Information Packet					
*13. Mirrors – (1) Inside & (2) Outside						47. State / County Seal (if Applicable)					
*14. Horn						48. Equipment for Transporting Wheelchairs (If Applicable)					
15. Exhaust System						a. Wheelchair Lift Type: Ser#:					
16. Emergency Exits						*b. Lift Operates: <input type="checkbox"/> Smooth <input type="checkbox"/>					
*17. Company Name and Tele #						*c. Rated 600-Pound Load					
*18. General Cleanliness of Exterior						*d. 30 Inches Wide X 48 Inches Long					
*19. Body Damage						*e. Lift Controls work Inside & Outside					
20. Doors – Power / Manual Release						*f. Lift Can Be Raised/Lowered					
21. Clearance & Identification Lamps						*g. Automatically Engaged, Anti-Roll -					
*22. Retractable Step Or Step Stool						*h. W/C <input type="checkbox"/> Seat Belts <input type="checkbox"/> Tie <input type="checkbox"/> Lock					
23. Handrails and Stanchions						*i. Engine-Wheelchair Lift Interlock					
*24. Flooring, Steps and Thresholds						*j. Floor to Ceiling 56" inches					
*25. General Cleanliness of Interior						*k. No Sharp edges exposed					
*26. Air Cond. <input type="checkbox"/> Front <input type="checkbox"/> Rear						*l. Lift platform non-skid					
*27. Heating <input type="checkbox"/> Front <input type="checkbox"/> Rear						*m. Reflector tape on both sides of lift					
*28. Speedometer / Odometer						n. Handrails on all lifts					
*29. Two-Way Communication System						o. Device to hold door open					
*30. Service Brakes, Parking Brakes						49. Is there equipment for Transporting Stretchers					
*31. Interior light(s) pass. comp.											
*32. Ceiling Covering <input type="checkbox"/> Intact <input type="checkbox"/>											
*33. Sidewall Padding <input type="checkbox"/> Intact <input type="checkbox"/>											
*34. Fire Ext Mounted, Insp. date:						* Required by TennCare					
Insurance Information						Exp. Date.					
Driver Name				TN. DL #		Exp. Date.					
Vehicle Registration				Exp. Date		Driver Company ID Badge				Yes\ No	
Pass \ Fail		Re-inspection date			Comments:						
Driver's Signature						Date Signed					
Inspector's Signature						Date Signed					