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| **DAILY CHECKLIST (circle response)** | **MONDAY** | **TUESDAY** | **WEDNESDAY** | **THURSDAY** | **FRIDAY** |
| **DATE OF SERVICE** |  |  |  |  |  |
| All lights are in working condition including headlights and turn indicators? | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No |
| Windshields free of cracks and visible (free of snow or other debris)? | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No |
| Washer/wipers working properly? | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No |
| Mirrors free of cracks, clean and affixed properly? | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No |
| Horn working? | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No |
| Tires sufficiently inflated and adequate tread? | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No |
| Brakes working? | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No |
| First Aid Kid in the vehicle? | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No |
| Cell phone or other two-way device available? | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No |
| Fire extinguisher in vehicle with a current "good" safety inspection? | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No |
| Secure storage? | Yes/No | Yes/No | Yes/No | Yes/No | Yes/No |
| Date problems were fixed: |  |  |  |  |  |

NON-MEDICAL TRANSPORTATION DAILY DOCUMENTATION PER-TRIP (1 Unit)

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| Date | Start Odometer | Pick up time | Drop-off Time | End Odometer | Total  Miles | Passengers | Medicaid # | Other Paid Staff or Riders |
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Driver’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_