Non-Medical Transportation Daily Inspection Sheet

| Provider Name: | | | | | | Provider #: | | | | | | | | | Vehicle License Plate #: | | | | | | | | | | | | | | | | |
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| Month/Year: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| On each day the vehicle is used to of the items in the chart below. I | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |) |
| Check before driving | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 1 0 | 1 1 | 1 2 | 1 3 | 1 4 | 1 5 | 1 6 | | 1 8 | 1 9 | 2 0 | 2 | 2 2 | 2 3 | 2 4 | 2 5 | 2 6 | 2 7 | 2 8 | 2 9 | 3 0 | 3 |
| Windshield intact-free of snow/ice and cracks | | | | | | | | | | | | | | | _ | - | - | | | - | | | | | | | | | | | |
| Lights working-headlights and turn signals | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Wipers/washer working | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Emergency Equipment safely secured in vehicle 1st Aid.Kit/Fire extinguisher | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cell phone available | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mirrors intact and clear | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | <u></u> | |
| Horn working | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ь— | |
| Brakes working | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | <u> </u> | |
| Tires properly inflated/adequate tread | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | <u> </u> | |
| Secure storage space | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | <u> </u> | |
| If applicable: Access ramp or lift intact and tested | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | <u> </u> | |
| If applicable: Wheelchair restraints tested | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Driver's initials | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u> </u> | 1 | | | | | | | | | | | | | | 1 | | | | | | | | | 1 | 1 | 1 | | | | | |