

Transportation – Daily Inspection Form –

County _____

PROVIDER NAME: _____

PROVIDER #: _____

Date _____ Driver/Inspecting Staff: _____

Date _____ Driver/Inspecting Staff: _____

Vehicle License Plate Number: _____

Vehicle License Plate Number: _____

<i>Modified Vehicles Only</i>		
<i>Is Working?</i>		
<i>Yes</i>	<i>No</i>	
		Permanent Fasteners
		Safety Harnesses/belts
		Access ramp/hydraulic lift

<i>Modified Vehicles Only</i>		
<i>Is Working?</i>		
<i>Yes</i>	<i>No</i>	
		Permanent Fasteners
		Safety Harnesses/belts
		Access ramp/hydraulic lift

Follow-Up (if not working) _____

Follow-Up (if not working) _____

Date _____ Driver/Inspecting Staff: _____

Date _____ Driver/Inspecting Staff: _____

Vehicle License Plate Number: _____

Vehicle License Plate Number: _____

<i>Modified Vehicles Only</i>		
<i>Is Working?</i>		
<i>Yes</i>	<i>No</i>	
		Permanent Fasteners
		Safety Harnesses/belts
		Access ramp/hydraulic lift

<i>Modified Vehicles Only</i>		
<i>Is Working?</i>		
<i>Yes</i>	<i>No</i>	
		Permanent Fasteners
		Safety Harnesses/belts
		Access ramp/hydraulic lift

Follow-Up (if not working) _____

Follow-Up (if not working) _____

This inspection is to be completed by the first driver of the vehicle on any day a modified vehicle is used to provide (HPC/routine) transportation AND prior to transporting an individual in a wheelchair.