

Employee Vehicle Inspection Listing

Name: _____ Vehicle Make: _____ Year: _____ Lic. #: _____

Seat Belts	Yes	No	Date Corrected	Supervisor Initials
One seat belt is required for each position in each seat and the seat belt must be checked for proper operation by closing/opening.				
Ensure seat belt is not frayed, twisted and that it retracts as appropriate.				
For larger persons served a seat belt extension must be available at the program.				
Tires				
Tread depth must be appropriate, to measure the tread use a ruler and once the tread reaches 1/4" new tires may be needed.				
Check condition for any fabric break or cut, visible bumps, bulges or knots.				
Must have a spare tire, check in the trunk to ensure present.				
Lights				
Check that low and high beams are operating properly. Turn on and off, visually view once turned on.				
Check tail lamps, walk to the back of vehicle and visually check it.				
Check stop lamps/brake lights.				
Check Hazard lights to ensure operating properly.				
Check Directional Signal Indicator, turn to check left and right signal, visually view front and back to ensure proper operation.				
Windshield and other Glass/Wiper and Blades				
Check for cracks in windshield that impedes view.				
Check to ensure all windows operate properly, let up and down to ensure they open and close properly.				
Check to ensure blades are present and in working condition, turn them on to ensure they rotate properly.				
Press button or turn on to ensure there is windshield wiper fluid.				
Horn				
Press the horn to ensure it operates properly.				
Brakes				
Check for audible noise that may indicate replacement needed.				
Press the brake and hold, your foot should remain for 30 seconds.				
Doors/Locks/Mirrors				
Check the location of mirrors and the mounting to ensure they are secured properly to vehicle.				
Check for cracks or breaks in the material and/or the glass.				
Open doors and test locks to ensure proper operation and that there is nothing that would hinder entering or exiting the vehicle.				
Registration/Insurance				
Review/copy the registration ensuring the vehicle has been maintained with the DMV as required.				
Review/Copy the Insurance certificate ensuring the vehicle is currently insured and noting the expiration date, coverage type and insurance provider.				

Inspected by: _____ Date: _____ Title: _____ Re-Check Signature: _____