



Vehicle Inspection Checklist

Due annually, keep on file for a minimum of 2 years.

Employee Name: _____ Date: _____

Working Cell Phone# _____ - _____ - _____

Name vehicle is registered to: _____

Vehicle Make _____ Model _____ Year _____

	Pass/Fail	Date	Comments
Head lights			
Tail lights			
Brakes			
Horn			
Windshield Wipers			
Seatbelts			
A/C			
Heating			
Tires			

YES NO N/A

If vehicle is equipped with wheelchair tie downs, training has been checked?

If vehicle is equipped with child safety seats, have they been checked?

AZ child safety law states: children under 4ft, 9” tall, or under 8 years of age, must be in a child seat.

YES NO

Current insurance and registration maintained in glove box?

Vehicle operator has a cell phone to report emergencies?

Vehicle is equipped with a first aid kit and flashlight?

I certify and attest the above information is true to the best of my knowledge.

Inspected by: _____ Title: _____

Signature: _____ Date: _____



Employee Name _____ Date _____

Date	Member Name	Emergency Contact	Cell