



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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If vehicle is equipped with child safety seats, have they been checked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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?	<input type="checkbox"/>	<input type="checkbox"/>
Vehicle operator has a cell phone to report emergencies?	<input type="checkbox"/>	<input type="checkbox"/>
Vehicle is equipped with a first aid kit and flashlight?	<input type="checkbox"/>	<input type="checkbox"/>

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