

Non-Medical Transportation – Daily Inspection Form –

County _____

PROVIDER NAME: _____

PROVIDER #: _____

Date _____ Driver/Inspecting Staff: _____

Date _____ Driver/Inspecting Staff: _____

Vehicle License Plate Number: _____

Vehicle License Plate Number: _____

Is Working?		
Yes	No	
		Lights
		Windshield Wipers/Washer Fluid
		Mirrors
		Horn
		Brakes
		Emergency Equipment (fire extinguisher & first aid kit)
		Tires
<i>Modified Vehicles Only</i>		
Is Working?		
Yes	No	
		Permanent Fasteners
		Safety Harnesses/belts
		Access ramp/hydraulic lift

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Yes	No	
		Lights
		Windshield Wipers/Washer Fluid
		Mirrors
		Horn
		Brakes
		Emergency Equipment (fire extinguisher & first aid kit)
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<i>Modified Vehicles Only</i>		
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		Safety Harnesses/belts
		Access ramp/hydraulic lift

Follow-Up (if not working) _____

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This inspection is to be completed by the first driver of the vehicle on any day a modified vehicle or vehicle equipped to transport five or more passengers is used to provide non-medical transportation AND prior to transporting an individual in a wheelchair. An annual inspection is also required by the Ohio State Highway patrol or a certified mechanic to determine vehicle is in good working condition.