**VEHICLE CONDITION INSPECTION CHECK LIST**

**CO Form 2**

**NAME OF FACILITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SENIOR CENTER ADMINISTRATOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MONITOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ VEHICLE INSPECTION BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BI-ANNUAL OR ANNUAL INSPECTION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- | --- |
| **SENIOR CENTER** | **VEHICLE # 1**  **& DATE** | **VEHICLE # 2**  **& DATE** | **VEHICLE # 3**  **& DATE** | **VEHICLE # 4**  **& DATE** | **Comments / Findings**  ** Critical  Non Critical  No Findings**  **Corrective Action Description** |
| **VEHICLE**  **ADMINISTRATION RECORDS** |  |  |  |  |  |
| License Plate Number |  |  |  |  |  |
| Vin Number |  |  |  |  |  |
| Mileage |  |  |  |  |  |
| Title Certificate |  |  |  |  |  |
| Registration Certificate |  |  |  |  |  |
| Insurance |  |  |  |  |  |
| Vehicle Maintenance Report |  |  |  |  |  |
| **UNDER HOOD** |  |  |  |  |  |
| Oil Level Full |  |  |  |  |  |
| Battery Secure & Free Of Corrosion |  |  |  |  |  |
| Windshield Washer Fluid Full |  |  |  |  |  |
| Hoses/Belts In Satisfactory Condition |  |  |  |  |  |
| Coolant Level Satisfactory |  |  |  |  |  |
| **EXTERIOR** |  |  |  |  |  |
| Tires in Good Condition; 1/8” Minimum Tread |  |  |  |  |  |
| Windows Free of Cracks |  |  |  |  |  |
| Windows Clean and Visibility Satisfactory |  |  |  |  |  |
| Headlights Working Properly |  |  |  |  |  |
| Windshield Wipers Working Properly |  |  |  |  |  |
| Windshield Wipers in Good Condition |  |  |  |  |  |
| Rear Wipers Working Properly |  |  |  |  |  |
| Rear Wipers in Good Condition |  |  |  |  |  |
| Mirrors Free of Cracks |  |  |  |  |  |
| Taillights Working Properly |  |  |  |  |  |
| Signal Lights Working Properly |  |  |  |  |  |
| Brake Lights Working Properly |  |  |  |  |  |
| Emergency (Hazard) Lights Working Properly |  |  |  |  |  |

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| **SENIOR CENTER** | **VEHICLE # 1**  **& DATE** | **VEHICLE # 2**  **& DATE** | **VEHICLE # 3**  **& DATE** | **VEHICLE # 4**  **& DATE** | **Comments / Findings**  ** Critical  Non Critical  No Findings**  **Corrective Action Description** |
| **INTERIOR** |  |  |  |  |  |
| Starter (Engine Starts) |  |  |  |  |  |
| Brakes (Working Properly) |  |  |  |  |  |
| Parking Brake (Working Properly) |  |  |  |  |  |
| Steering Mechanism |  |  |  |  |  |
| Heater Working Properly |  |  |  |  |  |
| A/C Working Properly |  |  |  |  |  |
| Front Defrost Mechanism Working Properly |  |  |  |  |  |
| Rear Defrost Mechanism Working Properly |  |  |  |  |  |
| Interior Lights Working Properly |  |  |  |  |  |
| Odometer Working Properly |  |  |  |  |  |
| Speedometer Working Properly |  |  |  |  |  |
| Gas Gauge Working Properly |  |  |  |  |  |
| Temperature Gauge Working Properly |  |  |  |  |  |
| Horn Working Properly |  |  |  |  |  |
| **RESTRAINT SYSTEMS** |  |  |  |  |  |
| Wheel Chair Belts |  |  |  |  |  |
| Passenger Seat Belts |  |  |  |  |  |
| Wheel Chair Restraints |  |  |  |  |  |
| Driver’s Seat Belt |  |  |  |  |  |
| **LIFT/RAMP** |  |  |  |  |  |
| Cycle Lift |  |  |  |  |  |
| Lift Mechanism Working Properly |  |  |  |  |  |
| Ramp Folds/Unfolds |  |  |  |  |  |
| Ramp Locking Device Functional |  |  |  |  |  |
| **SAFETY** |  |  |  |  |  |
| Emergency Phone Contact List |  |  |  |  |  |
| Vehicle Registration |  |  |  |  |  |
| First Aid/Bodily Fluid Kit |  |  |  |  |  |
| Fire Extinguisher |  |  |  |  |  |
| Proof of Insurance |  |  |  |  |  |
| Emergency Triangle Kit |  |  |  |  |  |
| Working Flashlight |  |  |  |  |  |
|  |  |  |  |  |  |

*If Provider has more than 4 vehicles, add additional Sheets*