



EMPLOYEE VEHICLE INSPECTION CHECKLIST

Provider Name		Inspection Date	
Registered Owner		<input type="checkbox"/> Provider	<input type="checkbox"/> Member's Family/Guardian
Vehicle Make		Model	Year
CURRENT VEHICLE HISTORY			
	Pass	Fail	
1. Current Insurance	<input type="checkbox"/>	<input type="checkbox"/>	
2. Current Registration	<input type="checkbox"/>	<input type="checkbox"/>	
Both must be maintained in glove box.			
VEHICLE EXTERIOR/INTERIOR			
	Pass	Fail	
1. Tires	<input type="checkbox"/>	<input type="checkbox"/>	
2. Brakes	<input type="checkbox"/>	<input type="checkbox"/>	
3. Wiper Blades	<input type="checkbox"/>	<input type="checkbox"/>	
4. Headlights	<input type="checkbox"/>	<input type="checkbox"/>	
5. Taillights	<input type="checkbox"/>	<input type="checkbox"/>	
6. Safety Belts	<input type="checkbox"/>	<input type="checkbox"/>	
			Pass
			Fail
7. Air Conditioning System	<input type="checkbox"/>	<input type="checkbox"/>	
8. Heating System	<input type="checkbox"/>	<input type="checkbox"/>	
9. Horn	<input type="checkbox"/>	<input type="checkbox"/>	
10. First Aid Kit	<input type="checkbox"/>	<input type="checkbox"/>	
11. Flashlight	<input type="checkbox"/>	<input type="checkbox"/>	
PROVIDER TRAINING			
1. For wheelchair tiedowns, has Provider received appropriate training?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2. If vehicle is equipped with child safety seats, have they been checked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
***Federal Regulations section 571.208 AZ Child safety seat law-if child is under 4ft, 9" tall, or under 8 years of age, they must be in a child seat.			
REMARKS			
I certify and attest the above information is true to the best of my knowledge.			
SIGNATURE			
Employee Signature:			Date:
Printed Name:			