



**Department of Human Services  
Office of Facilities and Support Services, Transportation Services  
Section Annual Safety Inspection Report**

Vehicle #: \_\_\_\_\_ Tag #: \_\_\_\_\_ Mileage: \_\_\_\_\_ Date: \_\_\_\_\_

	OK	Needs Attn	Unsafe			OK	Needs Attn	Unsafe	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>BODY EXTERIOR</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check for body or fender damage.	<b>CONTROL PANEL</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check warning lights and buzzers.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check all windows.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check dash lights.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check side-view mirrors.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check interior lighting.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check attached body parts for looseness.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check gauges.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check windshield wiper blades.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check headlamps and remaining lights.
<b>TIRES</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check tire wear.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check license plate light.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check for nails, glass, etc.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check dimmer switch.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check for tread separation.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check emergency flashers.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check air pressure.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check reverse lights.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check lug nuts for tightness.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check horn.
<b>UNDER HOOD</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check lug nuts for tightness.	<b>ACCE</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check windshield wiper operation.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pressure test cooling system.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check heater output.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check coolant/antifreeze level.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check air conditioner output.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check cooling system circulation.	<b>BODY INTERIOR</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check first aid kit.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check brake fluid level.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check fire extinguisher.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check power steering fluid level.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check seats/floors for tears and looseness.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check battery and cables.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check floors for loose wheelchair tracks.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check starting and charging system.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check emergency exit.
<b>ENGINE</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check windshield washer fluid.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check window operation.	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check transmission fluid.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check rearview mirror.	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check all fuel lines for leaks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check for loose/inoperable body belts.	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check belts for looseness or signs of wear.	<b>RECOMMENDATIONS:</b>				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check all hoses for leaks or signs of wear.					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check for loose wiring.					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check air filter – clean.					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check accelerator linkage.					
<b>UNDERCARRIAGE</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check oil filter.	<input type="checkbox"/> Schedule recommended work in the near future <input type="checkbox"/> Schedule recommended work immediately Inspection Vendor: Vendor: Address: Vendor Phone: Inspector Printed Name: Inspector Signature:				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check fuel tank lines for leaks.					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check differential for leaks.					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check rear springs, shacklers, and Shocks.					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check driveshaft center support and U-joint.					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check front suspension and shocks.					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check steering linkage.					
<b>BRAKES</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check exhaust system.	Only one certification required. Verification must be maintained with files. <input type="checkbox"/> ASE Certified Mechanic (provide current certificate) <input type="checkbox"/> ARI Certified Vendor (attached Holman/Insights listing) <input type="checkbox"/> Tech School Certificate (attach certificate)				
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check shoes and pads for lining wear.					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check brake lines for leaks.					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check brake vacuum hoses.					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check brake adjustments.					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check brake pedal clearance.					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Check emergency brake.					