



**Department of Human Services
Office of Facilities and Support Services, Transportation Services
Section DHS Vehicle Requirements and Monitoring Form**

Vehicle _____	Operator _____	Monitoring Date _____	
_____	_____	_____	_____
Vehicle #	#	Region	
_____	_____	_____	Over 10 years*
Make/Model		Year _____	Over 135,000*
_____		Mileage _____	
VIN		_____	

Tag # _____ Report My Driving # _____ Property Decal # _____

Emissions testing verified** Emissions exempt** State Titled Vehicle Contractor Vehicle

Exterior Requirements	Checked	Needs Attention	Signage Requirements	Checked	Needs Attention
Horn	<input type="checkbox"/>	<input type="checkbox"/>	State Seals/Operator ID	<input type="checkbox"/>	<input type="checkbox"/>
2 Exterior Mirrors	<input type="checkbox"/>	<input type="checkbox"/>	Vehicle # (RF)	<input type="checkbox"/>	<input type="checkbox"/>
Rearview Mirror	<input type="checkbox"/>	<input type="checkbox"/>	Vehicle # (RR)	<input type="checkbox"/>	<input type="checkbox"/>
Windshield Wipers	<input type="checkbox"/>	<input type="checkbox"/>	"No Smoking, Eating, Drinking"	<input type="checkbox"/>	<input type="checkbox"/>
Windows	<input type="checkbox"/>	<input type="checkbox"/>	"All Passengers Use Seat Belts"	<input type="checkbox"/>	<input type="checkbox"/>
Headlights	<input type="checkbox"/>	<input type="checkbox"/>	FTA 5310 Requirements	Contractors Only	
Turn Signals (Front)	<input type="checkbox"/>	<input type="checkbox"/>	LEP/Title IV Poster	<input type="checkbox"/>	<input type="checkbox"/>
Brake Lights	<input type="checkbox"/>	<input type="checkbox"/>	Language/I Speak Card	<input type="checkbox"/>	<input type="checkbox"/>
Turn Signals (Rear)	<input type="checkbox"/>	<input type="checkbox"/>	DHS LEP Client ID available	<input type="checkbox"/>	<input type="checkbox"/>
Parking/Reverse Lights	<input type="checkbox"/>	<input type="checkbox"/>	Information Packet		
Emergency Flashers	<input type="checkbox"/>	<input type="checkbox"/>	Insurance Card	<input type="checkbox"/>	<input type="checkbox"/>
Body Damage	<input type="checkbox"/>	<input type="checkbox"/>	Wheelchair Accessible Requirements		
Tire / Tread	<input type="checkbox"/>	<input type="checkbox"/>	Raised Roof (clearance 56")	<input type="checkbox"/>	<input type="checkbox"/>
Spare Tire	<input type="checkbox"/>	<input type="checkbox"/>	Hydraulic/Electric Lift	<input type="checkbox"/>	<input type="checkbox"/>
Jack	<input type="checkbox"/>	<input type="checkbox"/>	Hand Rails	<input type="checkbox"/>	<input type="checkbox"/>
Interior Requirements			Controls Access Inside/Outside	<input type="checkbox"/>	<input type="checkbox"/>
Step/Running Board	<input type="checkbox"/>	<input type="checkbox"/>	Shoulder Restraint/Lap Belt	<input type="checkbox"/>	<input type="checkbox"/>
Seat Belts	<input type="checkbox"/>	<input type="checkbox"/>	Reflector Tape	<input type="checkbox"/>	<input type="checkbox"/>
Seat Belt Cutter	<input type="checkbox"/>	<input type="checkbox"/>	4 Floor Straps	<input type="checkbox"/>	<input type="checkbox"/>
First Aid Kit	<input type="checkbox"/>	<input type="checkbox"/>	Emergency Manual Lift	<input type="checkbox"/>	<input type="checkbox"/>
Spill Kit	<input type="checkbox"/>	<input type="checkbox"/>			
3 Emergency Reflectors	<input type="checkbox"/>	<input type="checkbox"/>	Cond. of Vehicle: <input type="checkbox"/> Excellent <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor		
2 Seat Belt Extensions	<input type="checkbox"/>	<input type="checkbox"/>	Comments:		
Upholstery	<input type="checkbox"/>	<input type="checkbox"/>			
Clean Interior	<input type="checkbox"/>	<input type="checkbox"/>			
Doors	<input type="checkbox"/>	<input type="checkbox"/>			
Interior Lights	<input type="checkbox"/>	<input type="checkbox"/>			
AC/Heat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Inspection Sticker Applied		
Flooring	<input type="checkbox"/>	<input type="checkbox"/>	TSS Inspector Signature:		
Fire Extinguisher Insp. Date	<input type="checkbox"/>	<input type="checkbox"/>	Vehicle Operator Printed Name and Signature:		
Fire Extinguisher Mounted					

Vehicle Redlined Date Redlined: _____ Date of Required Repairs: _____

Vehicle to be Surplused Reason for Surplus: _____

*Per Policy 10, vehicles should be considered for surplus if older than 10 years and/or have more than 135,000 miles.

**Required for vehicles operated in Cherokee, Clayton, Cobb, Coweta, DeKalb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry, Paulding and Rockdale counties