| Transportation – Daily Inspection Form – PROVIDER NAME: | | | County | | | |
|--|--------------|----------------------------|-------------|--|----------------------------|--|
| | | | | | | |
| Vehicle | License Plat | e Number: | Vehicle L | icense Plat | te Number: | |
| Modified Vehicles Only | | | Modifie | Modified Vehicles Only | | |
| Is Working? | | | Is Working? | | | |
| Yes | No | | Yes | No | | |
| | | Permanent Fasteners | | | Permanent Fasteners | |
| | | Safety Harnesses/belts | | | Safety Harnesses/belts | |
| | | Access ramp/hydraulic lift | | | Access ramp/hydraulic lift | |
| Dato | Drive | or/Inspecting Staff | Date | Drive | or/Inspecting Staff: | |
| DateDriver/Inspecting Staff: Vehicle License Plate Number: | | | | DateDriver/Inspecting Staff: Vehicle License Plate Number: | | |
| venicie | License Piat | e Number | venicie i | icense Piai | te Number | |
| Modified Vehicles Only | | | Modifie | Modified Vehicles Only | | |
| Is Working? | | | Is Work | Is Working? | | |
| Yes | No | | Yes | No | | |
| | | Permanent Fasteners | | | Permanent Fasteners | |
| | | Safety Harnesses/belts | | | Safety Harnesses/belts | |
| | | Access ramp/hydraulic lift | | | Access ramp/hydraulic lift | |
| Follow-Up (if not working) | | | _ Follow-U | Jp (if not w | orking) | |

This inspection is to be completed by the first driver of the vehicle on any day a modified vehicle is used to provide (HPC/routine) transportation AND prior to transporting an individual in a wheelchair.