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	
BODY EXTERIOR	☐	☐	☐	Check for body or fender damage.
	☐	☐	☐	Check all windows.
	☐	☐	☐	Check side-view mirrors.
	☐	☐	☐	Check attached body parts for looseness.
	☐	☐	☐	Check windshield wiper blades.
TIRES	OK	Needs Attn	Unsafe	
	☐	☐	☐	Check tire wear.
	☐	☐	☐	Check for nails, glass, etc.
	☐	☐	☐	Check for tread separation.
	☐	☐	☐	Check air pressure.
	☐	☐	☐	Check lug nuts for tightness.
UNDER HOOD	OK	Needs Attn	Unsafe	
	☐	☐	☐	Pressure test cooling system.
	☐	☐	☐	Check coolant/antifreeze level.
	☐	☐	☐	Check cooling system circulation.
	☐	☐	☐	Check brake fluid level.
	☐	☐	☐	Check power steering fluid level.
	☐	☐	☐	Check battery and cables.
	☐	☐	☐	Check starting and charging system.
	☐	☐	☐	Check windshield washer fluid.
	☐	☐	☐	Check transmission fluid.
ENGINE	OK	Needs Attn	Unsafe	
	☐	☐	☐	Check all fuel lines for leaks.
	☐	☐	☐	Check belts for looseness or signs of wear.
	☐	☐	☐	Check all hoses for leaks or signs of wear.
	☐	☐	☐	Check for loose wiring.
	☐	☐	☐	Check air filter – clean.
	☐	☐	☐	Check accelerator linkage.
	☐	☐	☐	Check oil filter.
UNDERCARRIAGE	OK	Needs Attn	Unsafe	
	☐	☐	☐	Check fuel tank lines for leaks.
	☐	☐	☐	Check differential for leaks.
	☐	☐	☐	Check rear springs, shacklers, and Shocks.
	☐	☐	☐	Check driveshaft center support and U-joint.
	☐	☐	☐	Check front suspension and shocks.
	☐	☐	☐	Check steering linkage.
	☐	☐	☐	Check exhaust system.
BRAKES	OK	Needs Attn	Unsafe	
	☐	☐	☐	Check shoes and pads for lining wear.
	☐	☐	☐	Check brake lines for leaks.
	☐	☐	☐	Check brake vacuum hoses.
	☐	☐	☐	Check brake adjustments.
	☐	☐	☐	Check brake pedal clearance.
	☐	☐	☐	Check emergency brake.

	OK	Needs Attn	Unsafe	
CONTROL PANEL	☐	☐	☐	Check warning lights and buzzers.
	☐	☐	☐	Check dash lights.
	☐	☐	☐	Check interior lighting.
	☐	☐	☐	Check gauges.
	☐	☐	☐	Check headlamps and remaining lights.
	☐	☐	☐	Check license plate light.
	☐	☐	☐	Check dimmer switch.
	☐	☐	☐	Check emergency flashers.
	☐	☐	☐	Check reverse lights.
	☐	☐	☐	Check horn.
	☐	☐	☐	Check windshield wiper operation.
ACCESSORIES	OK	Needs Attn	Unsafe	
	☐	☐	☐	Check heater output.
	☐	☐	☐	Check air conditioner output.
BODY INTERIOR	OK	Needs Attn	Unsafe	
	☐	☐	☐	Check first aid kit.
	☐	☐	☐	Check fire extinguisher.
	☐	☐	☐	Check seats/floors for tears and looseness.
	☐	☐	☐	Check floors for loose wheelchair tracks.
	☐	☐	☐	Check emergency exit.
	☐	☐	☐	Check window operation.
	☐	☐	☐	Check rearview mirror.
	☐	☐	☐	Check for loose/inoperable body belts.

RECOMMENDATIONS:

☐ Schedule recommended work in the near future
☐ Schedule recommended work immediately

Inspection Vendor:

Vendor Address:

Vendor Phone:

Inspector Printed Name:

Inspector Signature:

Only one certification required. Verification must be maintained with files.

☐ ASE Certified Mechanic (provide current certificate)
☐ ARI Certified Vendor (attached Vital/Insights listing)
☐ Tech School Certificate (attach certificate)