



EXHAUST	OK	NR
LEAKS		
PLACEMENT		

AC / HEATER	OK	NR
HEATER		
CAB A/C		
REAR A/C		

TIRES	OK	NR
TREAD		
INFLATION		
DAMAGE		
OTHER		

FRAME	OK	NR
MEMBERS		
CLEARANCE		
OTHER		

TIRE TREAD DEPTH IN 32NDS	
RF	
LF	
RR OUTER	
RR INNER	
LR OUTER	
LR INNER	

ACCESSIBILITY FEATURES	OK	NR
W/C LIFT DOOR OPERATION		
W/C LIFT OPERATION		
W/C SECUREMENTS		
RAMP		

OTHER	OK	NR
WARNING GAUGES		
PANEL LIGHTS		

ON-BOARD	OK	MISSING
FIRE EXTINGUISHER		
WARNING TRIANGLES		
FIRST AID KIT		
BLOOD BORNE PATHOGEN KIT		

COMMENTS:

**INSTRUCTIONS:** This is the annual safety inspection form for 5310 Mobility Program ADOT procured vehicles. Inspector **MUST:** Initial Mileage, Select **PASS** or **FAIL**, and sign the form.

This inspection checklist may be accompanied by a standardized form as long as the top section in the solid box is filled out and signed with the pass or fail indicated.

If the vehicle fails, signature is required for a follow-up inspection.

**OK – Satisfactory**

**NR – Needs Repair**

EMAIL completed vehicle inspection sheet to: [EShepard2@azdot.gov](mailto:EShepard2@azdot.gov)

**VEHICLE FAILURE REASONS:**

- Brakes
- Safety Equipment
- Heating Ventilation & Air Conditioning (HVAC) System
- Any TIRES Worn Below 4/32NDS of an inch

**WHEELCHAIR LIFT REQUIREMENTS:**

1. Vehicle Movement is Prevented Unless the Lift Door is Closed.
2. Lift Operation Shall Be Prevented Unless the Vehicle is Stopped & Vehicle Movement is Prevented.
3. The Platform will Not Fold/Stow if Occupied.
4. The Inner Roll Stop will Not Raise if Occupied.
5. The Outer Barrier will Not Raise if Occupied.
6. Verify Platform Lighting When Lift is Deployed & Pendant Illumination When Lift is Powered.
7. Warning Activates if the Threshold Area is Occupied When the Platform is at Least 1 Inch Below Floor Level.
8. Platform Movement is Prohibited Beyond the Position Where the Inner Roll Stop is Fully Deployed (UP)