

VEHICLE INSPECTION FORM

for 5310 Mobility Management Funded Vehicles

SEE PAGE 2 FOR INSTRUCTIONS

Ok = Satisfactory NR = Needs Repair

| | |
|--|---|
| Agency Name (Vehicle Owner) _____ Bus No.: _____ Complete Inspection and Check Pass or Fail. <div style="text-align: center;"> PASS <input type="checkbox"/> FAIL <input type="checkbox"/> </div> Inspection Company: _____ Inspector Name: _____ Inspector Signature: _____ | Mileage _____ Inspector Initials _____ Inspection Date _____ <div style="text-align: center;">For Mileage</div> License Plate #: _____ VIN: _____ Manufacturer: _____ Model: _____ Year: _____ Lift / Ramp <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|---|

| BRAKES | OK | NR |
|----------------------|----|----|
| ADJUSTMENT | | |
| MECHANICAL COMPONENT | | |
| DRUM / ROTOR | | |
| HOSE / TUBING | | |
| LINING | | |
| PARKING BRAKES | | |
| OTHER | | |

| FUEL SYSTEM | OK | NR |
|-------------|----|----|
| TANK(S) | | |
| LINES | | |
| OTHER | | |

| STEERING | OK | NR |
|----------------|----|----|
| ADJUSTMENT | | |
| COLUMN / GEAR | | |
| AXLE | | |
| LINKAGE | | |
| POWER STEERING | | |
| OTHER | | |

| SUSPENSION | OK | NR |
|-------------|----|----|
| SPRINGS | | |
| ATTACHMENTS | | |
| SLIDERS | | |
| OTHER | | |

| WHEELS / RIM | OK | NR |
|--------------|----|----|
| FASTENERS | | |
| DISK / SPOKE | | |
| MIRRORS | | |
| WINDSHIELD | | |
| WIPERS | | |

| ENGINE COMPARTMENT | OK | NR |
|--------------------|----|----|
| OIL LEVEL | | |
| RADIATOR | | |
| BATTERIES | | |

| INTERIOR | OK | NR |
|--------------------------------|----|----|
| WINDOWS/OPERATION | | |
| MIRRORS | | |
| FRONT DOOR OPERATION | | |
| PASSENGER SEATS | | |
| INTERLOCKS | | |
| GRAB RAILS / STANTIONS | | |
| SIDE/FRONT/REAR/CEILING PANELS | | |
| FLOOR COVERING | | |
| STEPWELL | | |
| EMERGENCY EXITS | | |
| SUN VISOR | | |

| CAB / BODY | OK | NR |
|--------------------|----|----|
| ACCESS | | |
| EQPT / LOAD SECURE | | |
| TIE-DOWNS | | |
| HEADERBOARD | | |
| MOTORCOACH SEATS | | |
| OTHER | | |

| LIGHTING | OK | NR |
|---------------------|----|----|
| HEADLIGHTS | | |
| TAIL / STOP | | |
| CLEARANCE / MARKER | | |
| IDENTIFICATION | | |
| REFLECTORS INTERIOR | | |
| OTHER | | |

| EXHAUST | OK | NR |
|-----------|----|----|
| LEAKS | | |
| PLACEMENT | | |

| TIRES | OK | NR |
|-----------|----|----|
| TREAD | | |
| INFLATION | | |
| DAMAGE | | |
| OTHER | | |

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

| OTHER | OK | NR |
|----------------|----|----|
| WARNING GAUGES | | |
| PANEL LIGHTS | | |

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

| FRAME | OK | NR |
|-----------|----|----|
| MEMBERS | | |
| CLEARANCE | | |
| OTHER | | |

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

| 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: transitgroup@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. Verity 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)