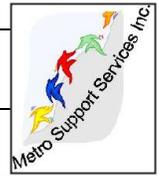


## Metro Support Services TRANSPORTATION & VEHICLE SAFETY CHECKLIST



Provider's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Vehicle-Year: \_\_\_\_\_ Make: \_\_\_\_\_

Model: \_\_\_\_\_ License Number: \_\_\_\_\_

VIN: \_\_\_\_\_

<b>Vehicle Documentation</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
Current Driver's License			
Current Motor Vehicle Record			
Current Vehicle Registration			
Current Insurance			
Written Instructions for the handling of accidents and other road emergencies located in vehicle			

<b>Vehicle contains written instructions for any special safety equipment needed</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
Wheelchair Lift			
Wheelchair Tie Downs			
Oxygen Tank Holder			
Other:			

<b>Emergency Equipment</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>
First Aid Kit			
Cell Phone			
Fire Extinguisher			
Emergency Flashes			

<b>External Inspection</b>	<b>Needs Repair</b>	<b>Pass</b>	<b>N/A</b>
Tire wear			
Spare Tire, Jack & Wrench			
Windshield & Windows			
Wiper Blades			
Mirrors			
Headlights			
Rear Lights			
Emergency Hazard Lights			
Muffler and Tailpipe			
Leaks Under Vehicle			
Gas Tank Cap			

<b>Interior Inspection</b>	<b>Needs Repair</b>	<b>Pass</b>	<b>N/A</b>
Seats & Seatbelts			
Clean			
Floor			
Dashboard/Instruments			
Latches, Knobs, Cranks			
Heat			
Air Conditioning			

➤ Overall Condition of This Vehicle/Comments: \_\_\_\_\_

Signature/Title: \_\_\_\_\_ Date: \_\_\_\_\_