

# Non-Emergency Medical Transport Van Inspection Form

## Vehicle Information

Van Number

License Plate

Date

Inspector Name

## General Inspection Checklist

Item	Pass	Fail	N/A	Comments
Exterior Condition (no visible damage)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Tires (tread, inflation, no damage)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Brakes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Seat Belts (all functioning)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Wheelchair Lift/Ramp Operation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Vehicle Lighting & Signals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
First Aid Kit Onboard	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Fire Extinguisher Present/Charged	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Cleanliness (interior and exterior)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="text"/>
Other				<input type="text"/>

## Notes / Additional Issues

Inspector Signature

Date