

Foster Home Vehicle Safety Checklist

Inspector Name

Date

Vehicle Make/Model

License Plate

Safety Equipment

Item	Yes	No	N/A	Comments
Working seatbelts for all seating positions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<div></div>
Child car seat(s) available (if applicable)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<div></div>
First aid kit present	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<div></div>
Fire extinguisher available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<div></div>
Emergency roadside kit available	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<div></div>

Vehicle Condition

Item	Yes	No	N/A	Comments
Headlights, brake lights, and turn signals working	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<div></div>
Windshield wipers in good condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<div></div>
Tires have good tread and air pressure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<div></div>
No visible fluid leaks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<div></div>
Vehicle registration and insurance current	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<div></div>

Additional Notes

