

**Non-Medical Transportation – Daily Inspection Form –**

County \_\_\_\_\_

PROVIDER NAME: \_\_\_\_\_

PROVIDER #: \_\_\_\_\_

Date \_\_\_\_\_ Driver/Inspecting Staff: \_\_\_\_\_

Date \_\_\_\_\_ Driver/Inspecting Staff: \_\_\_\_\_

Vehicle License Plate Number: \_\_\_\_\_

Vehicle License Plate Number: \_\_\_\_\_

Is Working?		
Yes	No	
		Lights
		Windshield Wipers/Washer Fluid
		Mirrors
		Horn
		Brakes
		Emergency Equipment (fire extinguisher & first aid kit)
		Tires
<i>Modified Vehicles Only</i>		
Is Working?		
Yes	No	
		Permanent Fasteners
		Safety Harnesses/belts
		Access ramp/hydraulic lift

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Yes	No	
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<i>Modified Vehicles Only</i>		
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		Permanent Fasteners
		Safety Harnesses/belts
		Access ramp/hydraulic lift

Follow-Up (if not working) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Follow-Up (if not working) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*This inspection is to be completed by the first driver of the vehicle on any day a modified vehicle or vehicle equipped to transport five or more passengers is used to provide non-medical transportation AND prior to transporting an individual in a wheelchair. An annual inspection is also required by the Ohio State Highway patrol or a certified mechanic to determine vehicle is in good working condition.*