



Vehicle Safety Form

Month/Year _____

The following is a safety review for the following vehicle:

_____ Facility Van/Car

_____ Employee (DSP) Van/Car

Employee Name: _____

_____ Administrator/Licensee Van/Car

Vehicle License Number:

Vehicle Checklist	Met	Not Met	Comments
Seatbelts in working condition			
Head lights in working condition			
Brake lights in working condition			
Blinkers in working condition			
Dash board gages in working condition			
Wipers in working condition			
Tires in "good" condition			
Proof of current insurance coverage			
Proof of current driver's license			
First Aid Kit			
Oil Change			Date:
Brake Evaluation			Date:

Vehicle Safety checks are completed every six months. All drivers must be DMV cleared and has a current driver's license and insurance. If an employee's van/car or personal information does not meet the Vehicle Safety Check, they are prohibited to transport client's until their situation is resolved.

Reviewer/Title

Date

Vehicle License: _____

Model: _____

Vehicle will be parked inside the facility grounds.

Vehicle will be maintained in working condition with all safety equipments/parts maintained in good condition and in a manner, which ensures client safety, such as with working seatbelts, brakes, lights, wipers, and tires.

Evaluation of safety will be done before clients ride in the van.

Regular maintenance will be done every 3,000 miles and/or 15,000 miles traveled or 12 months whichever comes first and/or as needed, such as:

1. Replace engine oil;
2. Replace oil filter;
3. Lube Chassis;
4. Rotate Tires;
5. Replace air filter;
6. Check tire condition and pressure;
7. Inspect, clean and adjust brakes;
8. 27 point inspection;
9. Check and top off fluid levels;
10. Inspect exhaust system;
11. Inspect suspension, steering, and exhaust;
12. Check and set timing;
13. Inspect lights and wiper blades;
14. Inspect drive belts and coolant hoses, etc.

