



Multimodal Planning

42-0102 R04/19 azdot.gov

VEHICLE INSPECTION FORM

for 5310 Mobility Management Funded Vehicles

SEE PAGE 2 FOR INSTRUCTIONS
Ok = Satisfactory NR = Needs Repair

<p>Agency Name (Vehicle Owner) _____</p> <p>Bus No.: _____</p> <p style="text-align: center;">Complete Inspection and Check Pass or Fail.</p> <p style="text-align: center;">PASS <input type="checkbox"/> FAIL <input type="checkbox"/></p> <p>Inspection Company: _____</p> <p>Inspector Name: _____</p> <p>Inspector Signature: _____</p>	<p>Mileage _____ Inspector Initials _____ Inspection Date _____ For Mileage</p> <p>License Plate #: _____</p> <p>VIN: _____</p> <p>Manufacturer: _____</p> <p>Model: _____</p> <p>Year: _____</p> <p>Lift / Ramp <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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BRAKES	OK	NR
ADJUSTMENT		
MECHANICAL COMPONENT		
DRUM / ROTOR		
HOSE / TUBING		
LINING		
PARKING BRAKES		
OTHER		

FUEL SYSTEM	OK	NR
TANK(S)		
LINES		
OTHER		

STEERING	OK	NR
ADJUSTMENT		
COLUMN / GEAR		
AXLE		
LINKAGE		
POWER STEERING		
OTHER		

SUSPENSION	OK	NR
SPRINGS		
ATTACHMENTS		
SLIDERS		
OTHER		

WHEELS / RIM	OK	NR
FASTENERS		
DISK / SPOKE		
MIRRORS		
WINDSHIELD		
WIPERS		

ENGINE COMPARTMENT	OK	NR
OIL LEVEL		
RADIATOR		
BATTERIES		

INTERIOR	OK	NR
WINDOWS/OPERATION		
MIRRORS		
FRONT DOOR OPERATION		
PASSENGER SEATS		
INTERLOCKS		
GRAB RAILS / STANTIONS		
SIDE/FRONT/REAR/CEILING PANELS		
FLOOR COVERING		
STEPWELL		
EMERGENCY EXITS		
SUN VISOR		

CAB / BODY	OK	NR
ACCESS		
EQPT / LOAD SECURE		
TIE-DOWNS		
HEADERBOARD		
MOTORCOACH SEATS		
OTHER		

LIGHTING	OK	NR
HEADLIGHTS		
TAIL / STOP		
CLEARANCE / MARKER		
IDENTIFICATION		
REFLECTORS INTERIOR		
OTHER		

EXHAUST	OK	NR
LEAKS		
PLACEMENT		

AC / HEATER	OK	NR
HEATER		
CAB A/C		
REAR A/C		

TIRES	OK	NR
TREAD		
INFLATION		
DAMAGE		
OTHER		

FRAME	OK	NR
MEMBERS		
CLEARANCE		
OTHER		

TIRE TREAD DEPTH IN 32NDS	
RF	
LF	
RR OUTER	
RR INNER	
LR OUTER	
LR INNER	

ACCESSIBILITY FEATURES	OK	NR
W/C LIFT DOOR OPERATION		
W/C LIFT OPERATION		
W/C SECUREMENTS		
RAMP		

OTHER	OK	NR
WARNING GAUGES		
PANEL LIGHTS		

ON-BOARD	OK	MISSING
FIRE EXTINGUISHER		
WARNING TRIANGLES		
FIRST AID KIT		
BLOOD BORNE PATHOGEN KIT		

COMMENTS:

INSTRUCTIONS: This is the annual safety inspection form for 5310 Mobility Program ADOT procured vehicles. Inspector **MUST:** Initial Mileage, Select **PASS** or **FAIL**, and sign the form.

This inspection checklist may be accompanied by a standardized form as long as the top section in the solid box is filled out and signed with the pass or fail indicated.

If the vehicle fails, signature is required for a follow-up inspection.

OK – Satisfactory

NR – Needs Repair

EMAIL completed vehicle inspection sheet to: BAadema@azdot.gov

VEHICLE FAILURE REASONS:

- Brakes
- Safety Equipment
- Heating Ventilation & Air Conditioning (HVAC) System
- Any TIRES Worn Below 4/32NDS of an inch

WHEELCHAIR LIFT REQUIREMENTS:

1. Vehicle Movement is Prevented Unless the Lift Door is Closed.
2. Lift Operation Shall Be Prevented Unless the Vehicle is Stopped & Vehicle Movement is Prevented.
3. The Platform will Not Fold/Stow if Occupied.
4. The Inner Roll Stop will Not Raise if Occupied.
5. The Outer Barrier will Not Raise if Occupied.
6. Verity Platform Lighting When Lift is Deployed & Pendant Illumination When Lift is Powered.
7. Warning Activates if the Threshold Area is Occupied When the Platform is at Least 1 Inch Below Floor Level.
8. Platform Movement is Prohibited Beyond the Position Where the Inner Roll Stop is Fully Deployed (UP)