

Vehicle Condition Report

Provider:	Location:
Program Section: <input type="checkbox"/> 5310 <input type="checkbox"/> 5311	Date of Review:

Vehicle Make/Year	Vehicle Type	VIN # (<i>last 6 digits</i>)	Odometer Reading

ADA Equipment		
Restraints available and in good condition?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Wheelchair Lift Ramp in working order?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Wheelchair maintenance schedule?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Condition of Vehicle and Related Equipment		
Interior clean?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Exterior clean?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Fire Extinguisher?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Reflector Kit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
First Aid Kit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Blood Borne Pathogen Kit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Overall Condition of Vehicle?	<input type="checkbox"/> Good	<input type="checkbox"/> Fair <input type="checkbox"/> Poor

Daily Vehicle Usage Log?

Remarks: (*Condition of vehicle, etc.*)

Financial Capability (*5310 Providers*)

Any financial problems concerning vehicle maintenance of operation?

Remarks:

Monthly Motor Vehicle Usage Reports – Up to date? Yes No *If not, no longer eligible for 5310 Program.*