

WEEKLY PRE-TRIP INSPECTION REPORT

PROVIDER NAME _____

PROVIDER # _____

MONTH _____

YEAR, MAKE & MODEL _____

LICENSE PLATE _____

YEAR _____

	Date		Date		Date		Date		Date		Date		Date	
Items to inspect on each trip														
Windows and mirrors are clean and free of cracks/breaks?	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Tie downs, if applicable, are present and function properly?	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Seat belts function properly?	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Wheelchair Lift, if applicable, is operating properly?	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
All lights, including headlights and turn indicators, function properly?	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
First Aid kit is in vehicle?	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Fire extinguisher is in vehicle and indicates as "good"?	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
The horn is working properly?	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Windshield wipers are working correctly?	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Tread on all four tires is sufficient?	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO
Test service brakes?	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO	YES	NO

NON MEDICAL TRANSPORTATION- PER MILE - DOCUMENTATION – Cuyahoga County

Date	Pick Up Time	Odometer Start	Drop Off Time	Odometer End	Total Miles Driven	Names of All Passengers

SIGNATURE: _____

SIGNATURE: _____

SIGNATURE: _____

SIGNATURE: _____