

TDOT Basic Vehicle Inspection Sheet (5310 Non-Profit and Rural Agencies)

Agency: _____ VIN: _____ Type of Vehicle: _____

Current Status: ☐ Active ☐ Out of Service Current Mileage: _____ Current Condition: _____

If "Out of Service" please explain and include date approved _____

ADA Accessible Vehicle ☐ Yes ☐ No

If Yes, how is the vehicle accessible: ☐ Manual Ramp ☐ Low-Floor ☐ Automated Lift Other: _____

Complete fields for each specific item on the Vehicle:

Items to be verified outside the Vehicle:

- Outside Body Panels: Checked: ☐ Yes ☐ No Comment: _____
- Exterior Lights functional: Brakes, Headlights, Turn Signals: Checked: ☐ Yes ☐ No Comment: _____
- Glass and Mirrors: Checked: ☐ Yes ☐ No Comment: _____
- Horn Functional: Checked: ☐ Yes ☐ No Comment: _____
- Windshield Wipers are operational: Checked: ☐ Yes ☐ No Comment: _____
- Proper Signage Outside the Vehicle: Checked: ☐ Yes ☐ No Comment: _____
- No Leakage of any Fluids: Checked: ☐ Yes ☐ No Comment: _____
- License Plate Visible & Registration in Vehicle: Checked: ☐ Yes ☐ No Comment: _____

Items to be verified inside the Vehicle:

- Proper Signage Inside the Vehicle: : ☐ Yes ☐ No Comment: _____
- Seatbelts Functioning/Extensions/Cutter: Checked: ☐ Yes ☐ No Comment: _____
- Brakes, Transmission, and Steering function properly: Checked: ☐ Yes ☐ No Comment: _____
- All Doors open properly: Checked: ☐ Yes ☐ No Comment: _____
- Spill Kit on board: Checked: ☐ Yes ☐ No Comment: _____
- Clean on the Inside of Vehicle: Checked: ☐ Yes ☐ No Comment: _____
- Fire Extinguisher on board & tested: Checked: ☐ Yes ☐ No Comment: _____
- First Aid Kit on board: Checked: ☐ Yes ☐ No Comment: _____

Information about the Lift

Date the Lift was last serviced for Preventive Maintenance: _____

Is the Lift operational: ☐ Yes ☐ No Any Issues with Lift: _____

Type of Lift: _____ Max Capacity of Lift: _____ Current # of Cycles on Counter: _____

Date the **Vehicle** was last serviced for Preventive Maintenance: _____

Inspection Completed By: _____ Date of Inspection _____

(Print Name)

This inspection is for TDOT compliance records only and does not certify safety conditions of the vehicle.

The safety of the vehicle is the responsibility of the agency.

Date Reviewed by TDOT : _____ Staff Name _____