

Support, Incorporated Personal Auto Safety Maintenance Inspection Form

This form is to be completed by all Support, Inc. contractors and staff utilizing personal vehicles for transportation of Support, Inc. clients. This form is to be completed quarterly.

Contractor/Staff Name (please print or type) _____ Date: _____

RPC/Supervisor: _____

Vehicle Utilized (year, make & model) : _____

Mileage: _____

Area Of Inspection	<i>Initial if Okay</i>		Attention or Repairs Needed	Date Problem Corrected
	<i>RPC or Supervisor</i>	<i>Contractor or Staff</i>		
Wiper Fluid				
Oil				
Transmission Fluid				
Brake Fluid				
Interior Lights				
Exterior Lights				
Horn				
Tire Pressure				
Tire Wear				
Condition of Belts				
Condition of Windows				
Fire Extinguisher				
First Aid Kit				
Other Emergency Equipment (flashlight, flares, jumper cables, blankets, etc.)				
Seat Belt (check function)				
Wheelchair Lift (check function)				
Vehicle Damage (broken mirrors, dents, missing equipment etc.)				
Current Emissions				
Proof of Insurance				