

TRANSPORTATION CHECKLIST

Location: _____ License plate: _____

Date: _____ to _____ Weekly end mileage: _____

*Initial all items that are completed. All problems must be reported to supervision immediately.

VEHICLE INSPECTION	MON	TUES	WED	THURS	FRI
OIL LEVEL					
FLUIDS-WINDSHIELD, ANTIFREEZE, WATER					
CHECK UNDER VAN FOR ANY FLUID LEAK					
WINDSHIELD WIPERS					
BREAK LIGHTS					
ALL TURN SIGNALS					
EMERGENCY FLASHERS					
TAIL/HEAD LIGHTS					
HORN/BACK UP SIGNAL					
TIRE CONDITION/PRESSURE					
FIRST AID KIT/COMPLETED					
FIRE EXTINGUISHER					
SEATBELTS/ALL WORKING ORDER					
WHEELCHAIR/SAFTY STRAPS/					
POWER LIFT (IF APPLICABLE)					

COMMENTS: _____

STAFF SIGNATURE: _____