

Federal Transit Administration – Section 5310 Program
Agency Monitoring

Vehicle Inspection Report

Agency Information

1. Date of Agency Inspection: _____ Date of Last Agency Inspection: _____
2. Agency Name: _____
3. Address: _____
4. City: _____ State: _____ ZIP Code: _____
5. On-Site Contact Person: _____ Phone: _____
6. Cell Phone: _____ Email: _____ Fax: _____

Vehicle Information

7. Date of Last CHP Inspection*: _____ Reviewed CHP report
**(indicate NIA if grantee is not required to undergo CHP inspections)*
8. CHP Terminal Rating: _____
9. Where are the vehicles stored? _____
10. License No. _____ 10a. Year/Make/Model: _____
11. Odometer Reading: _____ 11a. Standard Agreement No. _____
12. VIN No. _____

Vehicle Condition

13. Exterior: Excellent Good Average Poor Comments: _____
14. Interior: Excellent Good Average Poor Comments: _____
15. Body Damage: Yes No If yes, describe below:

Are the following operational? Indicate Yes or No. Space for additional comments is provided on Page 2, Item 28

- | | |
|--|--|
| 16. Turn Signals/Hazard: <input type="checkbox"/> Yes <input type="checkbox"/> No | 17. Headlights <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 18. Windshield Wipers: <input type="checkbox"/> Yes <input type="checkbox"/> No | 19. Tires (condition): _____ |
| 20. Brake Lights: <input type="checkbox"/> Yes <input type="checkbox"/> No | 21. Backup Lights/Backup Sound: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 22. Air Conditioner: <input type="checkbox"/> Yes <input type="checkbox"/> No | 23. Heater: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 24. Stepwell Light Floor: <input type="checkbox"/> Yes <input type="checkbox"/> No | 25. Fire Extinguisher: <input type="checkbox"/> Yes <input type="checkbox"/> No (Date Current) _____ |
| 26. First-Aid Kit: <input type="checkbox"/> Yes <input type="checkbox"/> No | 27. Emergency Triangles: <input type="checkbox"/> Yes <input type="checkbox"/> No |

28. Overall comments on vehicle condition:

Accessibility Equipment

29. Wheelchair Lift or Ramp (*select one*) 29a. Indicate Make of Lft or Ramp: _____

29b. Is the lift or ramp operational? Yes No If no, describe problem below:

Are the following operational? Indicate Yes or No

29c. Interlock System: Yes No 29d. Wheelchair Lift Light: Yes No 29e. Tiedowns: Yes No

29f. Number of Tiedown Positions: _____ 29g. Number of Tiedowns: _____ 29h. Condition of Tiedowns: _____

30. Comments on Accessibility Equipment:

Miscellaneous

31. Number of Seats: _____ 31a. Seatbelts: Yes No Condition: _____

32. Radio Equipped: Yes No 33. Cellular Phone Yes No

34. Have any modifications been made to the vehicle? Yes No If yes, explain below

34a. If so, did you receive SANDAG approval? Yes No

35. Is the vehicle lettered with name of organization or logo per California Vehicle Code? Yes No
If no, describe below:

36. If the bus or lowered floor mini-van is 1988 or newer, was it purchased in accordance with the Federal Bus Testing Law (49 CFR, Part 665)? Yes No If no, please explain: _____

Inspected by: _____

Other Equipment Inspection Report

1. Date of Inspection: _____ Last Inspection: _____

2. Agency Name: _____

3. Address: _____

4. City: _____ State: _____ ZIP Code: _____

5. Base Station: Yes No Serial No.: _____

6. Computer: Yes No Serial No.: _____

6a. How is the computer system utilized?

7. Other Equipment: Yes No If yes, list equipment:

8. General Comments: