



Idaho Transportation Department - Public Transportation Vehicle Inspection Sheet

Example Subrecipient

Example Address Example 999 999-9999
 Contact: Example Example@emailaddress.com
 Vehicle Location Example Example Address
 VIN #: Example VIN Number License Plate: 123456 Subrecipient Vehicle ID: 999
 Year: 2015 Make: Example Model: Example

Storage Type: Garage Parking Lot Carport Driver's Home Senior Center

Odometer Reading: _____ Fuel Type: Gas Diesel CNG

Registration Card in Vehicle Registration Expiration: _____ Attach copy to inspection sheet

Insurance Card in Vehicle Insurance Expiration: _____ Attach copy to inspection sheet

Vehicle Condition: _____ Vehicle Length: _____ NTD Fleet Group #: _____

FMCSA Sticker: Yes No Name and Phone # on Exterior: Yes No

Seat Capacity (including driver): _____ Seatbelts for Each Seat: Yes No

Wheelchair Capacity: _____ Tie-Downs Present: Yes No

ADA Compliant: Yes No Lift or Ramp (Circle one) Lift Capacity (lbs): _____

First Aid Kit: Yes No PA System: Yes No If no, how is each stop announced: _____

Driver's Pre-Trip Inspection Logs: Yes No Fire Extinguisher: Yes No Expiration: _____

Blood Borne Pathogens Kits: Yes No Clean and Smoke-Free: Yes No

Accident Report Kits: Yes No Photos of all four sides of the vehicle

Comments: _____

Inspected by: _____ Date: _____ District: _____

Signature: _____ ISP ITD-PT