



# 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