



**VEHICLE INSPECTION FORM**  
**FTA Section 5310 Funded Vehicles**  
 OK - Satisfactory NR - Needs Repair

Complete Inspection & Circle Pass or Fail				Inspector must initial mileage	INITIALS:		
Inspection Results:	PASS	FAIL	Follow up inspection? <input type="checkbox"/>	Mileage:			
Agency Name: (Vehicle Owner)				License Plate #			
Bus No.:				VIN:			
Inspection Date:				Manufacturer:			
Inspection Company:				Model:			
Inspector Name/Title:				Year:			
Inspector Signature:				Lift or Ramp: YES OR NO	YES	NO	
<b>BRAKES</b>	OK	NR	COMMENTS:	<b>ENGINE COMPARTMENT</b>	OK	NR	COMMENTS:
ADJUSTMENT				OIL LEVEL			
MECHANICAL COMPONENT				RADIATOR			
DRUM / ROTOR				BATTERIES			
HOSE / TUBING							
LINING				<b>INTERIOR</b>	OK	NR	COMMENTS:
PARKING BRAKES				WINDOWS/OPERATION			
OTHER				MIRRORS			
				FRONT DOOR OPERATION			
<b>FUEL SYSTEM</b>	OK	NR	COMMENTS:	PASSENGER SEATS			
TANK(S)				INTERLOCKS			
LINES				GRAB RAILS / STANTIONS			
OTHER				SIDE/FRONT/REAR/CEILING PANELS			
				FLOOR COVERING			
<b>STEERING</b>	OK	NR	COMMENTS:	STEPWELL			
ADJUSTMENT				EMERGENCY EXITS			
COLUMN / GEAR				SUN VISOR			
AXLE							
LINKAGE				<b>CAB / BODY</b>	OK	NR	COMMENTS:
POWER STEERING				ACCESS			
OTHER				EQPT / LOAD SECURE			
				TIE-DOWNS			
<b>SUSPENSION</b>	OK	NR	COMMENTS:	HEADERBOARD			
SPRINGS				MOTORCOACH SEATS			
ATTACHMENTS				OTHER			
SLIDERS							
OTHER				<b>LIGHTING</b>	OK	NR	COMMENTS:
				HEADLIGHTS			
<b>WHEELS / RIM</b>	OK	NR	COMMENTS:	TAIL / STOP			
FASTENERS				CLEARANCE / MARKER			
DISK / SPOKE				IDENTIFICATION			
MIRRORS				REFLECTORS			
WINDSHIELD				INTERIOR			
WIPERS				OTHER			
<b>EXHAUST</b>	OK	NR	COMMENTS:	<b>AC / HEATER</b>	OK	NR	COMMENTS:
LEAKS				HEATER			
PLACEMENT				CAB A/C			
				REAR A/C			
<b>TIRES</b>	OK	NR	COMMENTS:				
TREAD				<b>FRAME</b>	OK	NR	COMMENTS:
INFLATION				MEMBERS			
DAMAGE				CLEARANCE			
OTHER				OTHER			
<b>TIRE TREAD DEPTH IN 32NDS</b>			COMMENTS:	<b>ACCESSIBILITY FEATURES</b>	OK	NR	COMMENTS:
RF				W/C LIFT DOOR OPERATION			
LF				W/C LIFT OPERATION			
RR OUTER				W/C SECUREMENTS			
RR INNER				RAMP			
LR OUTER							
LR INNER				<b>ON-BOARD</b>	OK	MISSING	COMMENTS:
				FIRE EXTINGUISHER			
<b>OTHER</b>	OK	NR	COMMENTS:	WARNING TRIANGLES			
WARNING GAUGES				FIRST AID KIT			
PANEL LIGHTS				BLOOD BORNE PATHOGEN KIT			

NOTES AND AREAS OF CONCERN/FOLLOW UP:

**INSTRUCTIONS:** The annual safety inspection form for FTA Section 5310 City of Phoenix procured vehicles.

**Inspector MUST:** Initial mileage, Select PASS or FAIL, and sign the form.

This inspection checklist may be accompanied by a standardized form as long as the top section in the solid box is filled out and signed with the pass or fail indicated.

If the vehicle fails, a follow-up inspection is required.

OK - Satisfactory    NR - Needs Repair

EMAIL completed vehicle inspection sheet to: [wendy.miller@phoenix.gov](mailto:wendy.miller@phoenix.gov)

**VEHICLE FAILURE REASONS:**

Brakes

Heating Ventilation & Air Conditioning (HVAC) System

Any TIRES Worn Below 4/32NDS of an inch

Safety Equipment

**WHEELCHAIR LIFT REQUIREMENTS:**

1. Vehicle Movement is Prevented Unless the Lift Door is Closed.
2. Lift Operation Shall Be Prevented Unless the Vehicle is Stopped & Vehicle Movement is Prevented.
3. The Platform will Not Fold/Stow if Occupied.
4. The Inner Roll Stop will Not Raise if Occupied.
5. The Outer Barrier will Not Raise if Occupied.
6. Verify Platform Lighting When Lift is Deployed & Pendant Illumination When Lift is Powered.
7. Warning Activates if the Threshold Area is Occupied When the Platform is at Least 1 Inch Below Floor Level.
8. Platform Movement is Prohibited Beyond the Position Where the Inner Roll Stop is Fully Deployed (Up)