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 N/A 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:
16. Turn Signals/Hazard: □ Yes □ No 17. Headlights □ Yes □ No
22. Air Conditioner: □ Yes □ No 23. Heater: □ Yes □ No
24. Stepwell Light Floor: □ Yes □ No 25. Fire Extinguisher: □ Yes □ No (Date Current) ______
26. First-Aid Kit: □ Yes □ No 27. Emergency Triangles: □ Yes □ No

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

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### Accessibility Equipment

29. Wheelchair □ Lift or □ Ramp (select one)
   29a. Indicate Make of Lift 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: ____________________
Other Equipment Inspection Report

1. Date of Inspection: ___________________________  Last Inspection: ___________________________

2. Agency Name: ________________________________________________________________

3. Address: ___________________________________________________________________


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: