

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:  Yes  No 17. Headlights  Yes  No
18. Windshield Wipers:  Yes  No 19. Tires (condition): \_\_\_\_\_
20. Brake Lights:  Yes  No 21. Backup Lights/Backup Sound:  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

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: