|  |  |
| --- | --- |
| PROVIDER NAME (f): | LICENSE PLATE NUMBER (c): |
| PROVIDER # (g): | SERVICE MONTH:       YEAR: |
|  | NAME OF INDIVIDUAL (d): |
| SIGNATURE OF DRIVER (h): | MEDICAID # (e): |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date (b) |  |  |  |  |  |  |  |  |  |  |  |  |
| Start Time of Trip (j) |  |  |  |  |  |  |  |  |  |  |  |  |
| End Time of Trip (j) |  |  |  |  |  |  |  |  |  |  |  |  |
|  | | | | | | | | | | | | | |
| Date (b) |  |  |  |  |  |  |  |  |  |  |  |  |
| Start Time of Trip (j) |  |  |  |  |  |  |  |  |  |  |  |  |
| End Time of Trip (j) |  |  |  |  |  |  |  |  |  |  |  |  |

✓ = individual received transportation services

Date (b) Names of any other passengers present for trip/commute (i)

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| **Items to inspect on each trip** | **Date** |  | **Date** |  | **Date** |  | **Date** |  | **Date** |  | **Date** |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **YES** | **NO** | **YES** | **NO** | **YES** | **NO** | **YES** | **NO** | **YES** | **NO** | **YES** | **NO** |
| Windows and mirrors are clean and free of cracks/breaks? |  |  |  |  |  |  |  |  |  |  |  |  |
| Seat belts function properly? |  |  |  |  |  |  |  |  |  |  |  |  |
| All lights, including headlights and turn indicators, function properly? |  |  |  |  |  |  |  |  |  |  |  |  |
| First Aid kit is in vehicle? |  |  |  |  |  |  |  |  |  |  |  |  |
| Fire extinguisher is in vehicle and indicates as "good"? |  |  |  |  |  |  |  |  |  |  |  |  |
| The horn is working properly? |  |  |  |  |  |  |  |  |  |  |  |  |
| Windshield wipers are working correctly? |  |  |  |  |  |  |  |  |  |  |  |  |
| Communication system working properly? |  |  |  |  |  |  |  |  |  |  |  |  |
| Tread on all four tires is sufficient? |  |  |  |  |  |  |  |  |  |  |  |  |
| Test brakes. Are they working properly? |  |  |  |  |  |  |  |  |  |  |  |  |
| Emergency equipment (Triangles/flares) |  |  |  |  |  |  |  |  |  |  |  |  |
| Secure storage |  |  |  |  |  |  |  |  |  |  |  |  |
| At end of trip, have all belongings been removed? |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Items to inspect on each trip** | **Date** |  | **Date** |  | **Date** |  | **Date** |  | **Date** |  | **Date** |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | **YES** | **NO** | **YES** | **NO** | **YES** | **NO** | **YES** | **NO** | **YES** | **NO** | **YES** | **NO** |
| Windows and mirrors are clean and free of cracks/breaks? |  |  |  |  |  |  |  |  |  |  |  |  |
| Seat belts function properly? |  |  |  |  |  |  |  |  |  |  |  |  |
| All lights, including headlights and turn indicators, function properly? |  |  |  |  |  |  |  |  |  |  |  |  |
| First Aid kit is in vehicle? |  |  |  |  |  |  |  |  |  |  |  |  |
| Fire extinguisher is in vehicle and indicates as "good"? |  |  |  |  |  |  |  |  |  |  |  |  |
| The horn is working properly? |  |  |  |  |  |  |  |  |  |  |  |  |
| Windshield wipers are working correctly? |  |  |  |  |  |  |  |  |  |  |  |  |
| Communication system working properly? |  |  |  |  |  |  |  |  |  |  |  |  |
| Tread on all four tires is sufficient? |  |  |  |  |  |  |  |  |  |  |  |  |
| Test brakes. Are they working properly? |  |  |  |  |  |  |  |  |  |  |  |  |
| Emergency equipment (Triangles/flares) |  |  |  |  |  |  |  |  |  |  |  |  |
| Secure storage |  |  |  |  |  |  |  |  |  |  |  |  |
| At end of trip, have all belongings been removed? |  |  |  |  |  |  |  |  |  |  |  |  |