

**WISCONSIN MEDICAID  
 WEEKLY DRIVER'S VEHICLE INSPECTION REPORT**

Name — Specialized Medical Vehicle (SMV) Company	Wisconsin Medicaid Provider Number (eight digits)	Vehicle Identification	Odometer Reading
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Item	Inspected Before Trip (Yes / No)	Functioned During Trip (Yes / No)	Date Corrected (MM/DD/YYYY)	Remarks
Doors				
Wheels, nuts				
Tires — Properly inflated, minimum 1/8 inch tread				
Gas cap				
Engine				
Starter				
Alternator gauge				
Transmission				
Clutch				
Oil Pressure				
Gas gauge				
Lights: <ul style="list-style-type: none"> <li>• Head.</li> <li>• Tail.</li> <li>• Emergency flashers.</li> <li>• Brake.</li> <li>• Stop arm.</li> <li>• Directionals / Turn Signals.</li> <li>• Hazard.</li> <li>• Clearance.</li> <li>• Interior / Internal.</li> </ul>				
Exhaust				
Mirrors				
Brakes				
Steering — Horn				
Wipers — Washers				
Heater — Defrost				
Front suspension				
Steering mechanisms				
Shock absorbers				
Speedometer				

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Item	Inspected Before Trip (Yes / No)	Functioned During Trip (Yes / No)	Date Corrected (MM/DD/YYYY)	Remarks
Steps / Floors / Seats				
Restraint systems: <ul style="list-style-type: none"> <li>• Driver.</li> <li>• Passenger.</li> <li>• Wheelchair locking systems (wheelchair and passenger secured).</li> <li>• Cot / Stretcher (cot or stretcher and passenger secured).</li> </ul>				
Window, windshield, and mirrors: <ul style="list-style-type: none"> <li>• Clean / Clear vision.</li> <li>• No cracks or breaks.</li> </ul>				
Fire extinguisher				
Reflectors or flares				
Working flashlight				
First aid kit				
Accident package				
Working two-way radio or mobile telephone				
Lift / Ramp				
"No smoking" sign present				
Emergency telephone numbers (posted clearly on dashboard)				
Structural integrity of passenger compartment				
Air conditioning system				

**ADDITIONAL REMARKS**

**By signing this form, I affirm that I have inspected all items on this report and found them as noted.**

<b>SIGNATURE</b> — Driver / Mechanic	Name — Driver / Mechanic (print)	Date Signed
<b>SIGNATURE</b> — Driver / Fleet Supervisor Reinspecting Vehicle After Corrections Have Been Made	Name — Driver / Fleet Supervisor Reinspecting Vehicle (print)	Date Signed