DEPARTMENT OF HEALTH SERVICES STATE OF WISCONSIN

Division of Medicaid Services DHS 105.39, Wis. Admin. Code

F-01302 (09/2019)

FORWARDHEALTH

WEEKLY DRIVER’S VEHICLE INSPECTION REPORT

|  |  |  |  |
| --- | --- | --- | --- |
| Name — Specialized Medical Vehicle (SMV) Company      | Provider ID      | Vehicle Identification      | Odometer Reading      |
| Item | Inspected Before Trip (Yes / No) | Functioned During Trip (Yes / No) | Date Corrected (MM/DD/CCYY) | 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:* Head.
* Tail.
* Emergency Flashers.
* Brake.
* Stop Arm.
* Directionals / Turn Signals.
* Hazard.
* Clearance.
* Interior / Internal.
 |  |  |  |  |
| Exhaust |  |  |  |  |
| Mirrors |  |  |  |  |
| Brakes |  |  |  |  |
| Steering — Horn |  |  |  |  |
| Wipers — Washers |  |  |  |  |
| Heater — Defrost |  |  |  |  |
| Front Suspension |  |  |  |  |
| Steering Mechanisms |  |  |  |  |
| Shock Absorbers |  |  |  |  |
| Speedometer |  |  |  |  |

*Continued*

**WEEKLY DRIVER’S VEHICLE INSPECTION REPORT** Page 2 of 2

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|  |  |  |  |
| --- | --- | --- | --- |
| Name —SMV Company      | Provider ID      | Vehicle Identification      | Odometer Reading      |
| Item | Inspected Before Trip (Yes / No) | Functioned During Trip (Yes / No) | Date Corrected (MM/DD/CCYY) | Remarks |
| Steps / Floors / Seats |  |  |  |  |
| Restraint Systems:* Driver.
* Passenger.
* Wheelchair Locking Systems (Wheelchair and Passenger Secured).
* Cot / Stretcher (Cot or Stretcher and Passenger Secured).
 |  |  |  |  |
| Windows, Windshield, and Mirrors: * Clean / Clear Vision.
* No Cracks or Breaks.
 |  |  |  |  |
| 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. |
| SIGNATURE — Driver / Mechanic (Print Clearly)      | Name —Driver / Mechanic (Print)      | Date Signed      |
| SIGNATURE —Driver / Fleet Supervisor Reinspecting Vehicle After Corrections Have Been Made      | Name — Reinspected by Driver or Fleet Supervisor (Print)      | Date Signed      |