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 |