



OFFICE OF DOMESTIC VIOLENCE
MYFLFAMILIES.COM

FY 24-25 Motor Vehicle Checklist

Center Name: _____

Vehicle Year, Make, and Model: _____

1. Is this vehicle used to transport participants? Yes No
2. Is this vehicle ADA accessible (does it have a wheelchair lift)? Yes No

If No, how does the center provide ADA accessible transportation?

3. Does the center utilize a daily, weekly, or monthly inspection form? Yes No
Frequency? Daily Weekly Monthly
4. Is the odometer reading recorded at the time of inspection? Yes No
5. Is there evidence that the vehicle is routinely inspected (including, but not limited to changing oil and air/cabin filter, checking fluid levels and tire pressure, checking battery and rotating tires)? Yes No
6. Is the vehicle tag, registration, and insurance current? Yes No
7. Are fire extinguishers in place, properly charged, and inspected routinely? Yes No
8. Is there an adequate and well-supplied first-aid kit in the vehicle? Yes No

- | | | |
|--|------------------------------|-----------------------------|
| 9. Do the seat belts function properly? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 10. Does the horn operate properly? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 11. Do the front (and rear, if applicable) wipers operate properly? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 12. Are the wiper blades in good condition? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 13. Are the brakes firm when pressed? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 14. Does the parking brake work properly when engaged? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 15. Is there a spare tire and tire-changing equipment in the vehicle? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 16. Are the door locks functional? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 17. Does the instrument panel illuminate properly? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 18. Do the gauges operate properly? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 19. Do the turn signal indicators operate properly when viewed inside the vehicle? | Yes | No <input type="checkbox"/> |
| 20. Do the front and rear turn signal indicators operate properly when viewed outside the vehicle? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 21. Do the headlights operate properly? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 22. Do the brake lights illuminate when the pedal is pressed? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 23. Does the air conditioner blow cold air? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 24. Does the heater blow hot air? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 25. Do the windows operate properly? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 26. Do the doors open properly? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 27. Is the interior of the vehicle clean and not in need of repair? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 28. Is the exterior of the vehicle clean and not in need of repair? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 29. Is the vehicle damaged? | Yes | No <input type="checkbox"/> |

Please provide a brief description of the damage and anticipated date for completion of repairs.

30. Are the tires in good condition? Yes No

31. Are all operators/drivers properly licensed? Yes No

32. Are all operators/drivers properly insured? Yes No

33. Are participants informed that smoking is not allowed in the vehicle?
How? Yes No

34. Who (name and title) is responsible for maintaining the vehicle?

COMMENTS: (Please explain all "No" answers)



STAFF ATTESTATION:

I, the undersigned, have read the above-listed questions and attest that the answers I have provided are true and complete to the best of my knowledge.

Print Clearly/Type: Name and Title of Individual Completing the Form:

Signature of Individual Completing the Form:

Date Completed: