



FOUNDATION

Promoting Lifelong Fun Adventures for the Developmentally Disabled Since 1968

PROVIDER VEHICLE CHECK LIST

DATE:

VIN # (LAST 4)

Check:	(OK) Good	(X) Needs Attention	Comments:
Tires			
Brakes			
Brake Lights			
Doors/Hatch			
Horn			
Lights			
Mirrors			
Seat Belts			
Turn Signals			
Windows			
Windshield			
Wipers			
Wiper Fluid			
Gauges:			
Gas			
Oil			
Temperature			
Other:			
Insurance			
Registration			
First Aid Kit			
Handicap Sign			
Fire extinguisher			
Comments			

Vehicle Plate Number:

Transportation Lead Signature:

Date:

NAME OF PROVIDER:

