



VEHICLE DELIVERY & ACCEPTANCE INSPECTION
FTA Section 5310 Funded Vehicles
OK - Satisfactory NR - Needs Repair

Initial Inspection
 Reinspection

Complete Inspection & Circle Pass or Fail				Inspector must initial mileage	INITIALS:	
Inspection Results:	PASS	FAIL		Mileage:		
Agency Name (Vehicle Owner)				License Plate #		
Bus No.:				VIN:		
Inspection Date:				Manufacturer:		
Inspection Company:				Model:		
Inspector Name/Title:				Year:		
Inspector Signature:				Lift or Ramp: YES OR NO	YES	NO
ENGINE COMPARTMENT	OK	NR	COMMENTS:	LIGHTING	OK	NR
Fluid Levels				HEADLIGHTS		
Battery connections				TAIL / STOP		
Leaks				CLEARANCE / MARKER		
OTHER				IDENTIFICATION		
				REFLECTORS		
				Other		
Drivers Area	OK	NR	COMMENTS:	ACCESSIBILITY FEATURES	OK	NR
Drivers Seat				W/C LIFT DOOR OPERATION		
Floor mats				W/C LIFT OPERATION		
Guages				W/C SECUREMENTS		
MIRRORS				RAMP		
WINDOWS/OPERATION				Other		
Interior lighting						
SUN VISOR				ON-BOARD	OK	MISSING
OTHER				FIRE EXTINGUISHER		
				WARNING TRIANGLES		
AC / HEATER	OK	NR	COMMENTS:	FIRST AID KIT		
HEATER				BLOOD BORNE PATHOGEN KIT		
CAB A/C				Other		
REAR A/C						
OTHER				EXHAUST	OK	NR
				LEAKS		
CAB / BODY	OK	NR	COMMENTS:	PLACEMENT		
FRONT DOOR OPERATION				Other		
PASSENGER SEATS						
GRAB RAILS / STANTIONS				TIRES	OK	NR
SIDE/FRONT/REAR/CEILING PANELS				DAMAGE		
FLOOR COVERING				OTHER		
EMERGENCY EXITS						
WINDSHIELD						
WIPERS						
Damage						
OTHER						

NOTES AND AREAS OF CONCERN/FOLLOW UP:

SUBRECIPIENT ACCEPTANCE AND SIGNATURE: By signing this form, I certify I have inspected the vehicle, verified the VIN and vehicle condition. I am accepting the vehicle was delivered as ordered according to the specifications. I agree the agency will add the vehicle to the agency's Vehicle Maintenance Plan and will maintain the vehicle according to the Manufacturer's OEM guidelines at a minimum. After

Name _____ Title _____ Signature _____

INSPECTOR NSTRUCTIONS: The vehicle delivery inspection & acceptance form is filled out and signed by the City of Phoenix Equipment Inspector **MUST:** Initial mileage, Select PASS or FAIL, and sign the form.
 This inspection checklist may be accompanied by a standardized form as long as the top section is filled out and signed with the pass or fail inc
 If the vehicle fails, a follow-up inspection is required after repair.
OK - Satisfactory NR - Needs Repair
 EMAIL completed vehicle inspection sheet to: wendy.miller@phoenix.gov

VEHICLE FAILURE REASONS:

Brakes

Heating Ventilation & Air Conditioning (HVAC) System

Any TIRES Worn Below 4/32NDS of an inch

Safety Equipment

WHEELCHAIR LIFT REQUIREMENTS:

1. Vehicle Movement is Prevented Unless the Lift Door is Closed.
2. Lift Operation Shall Be Prevented Unless the Vehicle is Stopped & Vehicle Movement is Prevented.
3. The Platform will Not Fold/Stow if Occupied.
4. The Inner Roll Stop will Not Raise if Occupied.
5. The Outer Barrier will Not Raise if Occupied.
6. Verify Platform Lighting When Lift is Deployed & Pendant Illumination When Lift is Powered.
7. Warning Activates if the Threshold Area is Occupied When the Platform is at Least 1 Inch Below Floor Level.
8. Platform Movement is Prohibited Beyond the Position Where the Inner Roll Stop is Fully Deployed (Up)