



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 <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Is this vehicle ADA accessible (does it have a wheelchair lift)? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

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

- | | | |
|---|------------------------------|-----------------------------|
| 3. Does the center utilize a daily, weekly, or monthly inspection form? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Frequency? Daily Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> | | |
| 4. Is the odometer reading recorded at the time of inspection? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 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 <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. Is the vehicle tag, registration, and insurance current? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. Are fire extinguishers in place, properly charged, and inspected routinely? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8. Is there an adequate and well-supplied first-aid kit in the vehicle? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

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|--|------------------------------|-----------------------------|
| 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 <input type="checkbox"/> | 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 <input type="checkbox"/> | 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: