

**DOMESTIC VIOLENCE PROGRAM  
Motor Vehicle Checklist**

Center Name:

Vehicle Year, Make, and Model:

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1. Is this vehicle used to transport participants?

Yes      No

2. Is this vehicle ADA accessible?

Yes      No

3. Does the provider 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. Are the vehicles' 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          No

10. Does the horn operate properly?

Yes          No

11. Do the front (and rear, if applicable) windshield wipers operate properly?

Yes          No

12. Are the wiper blades in good condition?

Yes          No

13. Are the brakes firm when pressed?

Yes          No

14. Does the parking brake work properly when engaged?

Yes          No

15. Is there a spare tire and tire-changing equipment in the vehicle?

Yes          No

16. Are the door locks functional?

Yes          No

17. Does the instrument panel illuminate properly?

Yes          No

18. Do the gauges operate properly?

Yes          No

19. Do the turn indicators operate properly when viewed inside the vehicle?

Yes          No

20. Do the turn signal indicators operate properly when viewed outside the vehicle (both in front and rear of the vehicle)?

Yes          No

21. Does the air conditioner blow cold air?

Yes          No

22. Does the heater blow hot air?

Yes          No

23. Do the windows operate properly?

Yes          No

24. Do the doors open properly?

Yes          No

25. Is the exterior of the vehicle clean and not in need of repair?

Yes          No

26. Is the interior of the vehicle clean and not in need of repair?

Yes          No

27. Do the headlights operate properly?

Yes          No

28. Do the brake lights illuminate when the brake pedal is pressed?

Yes          No

29. If the vehicle is damaged, has an appointment been set to have repairs made?

Yes          No          N/A

30. Are the tires in good repair?

Yes          No

31. Are all motor vehicle operators properly licensed?

Yes          No

32. Are all motor vehicle operators properly insured?

Yes          No

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

Comments (Please explain all "No" answers):

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**STAFF ATTESTATION:**

I attest that 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/Type Clearly: Name and Title of Individual Completing the Form:

Signature of Individual Completing the Form:

Date Completed: