Division of Finance and Management
Office of Air, Rail, and Transit
700 E Broadway Avenue
Pierre, South Dakota 57501-2586
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TRANSIT VEHICLE INSPECTION FORM

Vehicle Owner: _____

Description: Vehicle _____ Length _____ License Plate # _____

VIN# _____ Mileage _____ Year of Manufacture _____

Brand _____ Body Type _____

Lift Location _____ Arrangement/Capacity _____

Current Registration: _____ **Inspection Sticker** _____**Title VI Sticker** _____

Safety Check:

Lights (Front and Rear Signals/Flashers/Running/Brights/Brake/Reverse) _____

First Aid Kit _____ Fluid Clean Up Kit _____ Flares/Triangles _____ Fire Extinguisher _____

Blood-borne Kit _____ Web Cutters _____

Visual Vehicle Check: (Tires, Wheels, Mirrors, Windows, Body, Bumpers, Interior, Lift, ADA Lift Light, Fluid Leaks, Etc.)

Tires	Horn	Inst panel
Windows	Backup AL	Emg Exits
Mirrors	Fluid Leaks	Seats
Body	Hood Rel	Seat belts
Bumpers	Belts	Int. Lites
Wipers/Blades	Battery	Floor
Lifts	Exhaust	Parking Brake Test
Steering		

Pre/Post Trip Inspection Forms _____

Date of Next Oil Change _____ Visual Oil Check _____

Overall Vehicle Visual Appearance:

Preventive Maintenance Records:

Inspector Comments

_____

Specification Comments:

Inspector _____ **Date:** _____