

## VEHICLE SAFETY INSPECTION

**Use of form:** Use of this form is mandatory to comply with DCF 52.47(6)(a)1., DCF 57.12(5), DCF 250.08(4)(b), DCF 251.08(7)(a), and DCF 252.09(3)(b). Failure to comply may result in issuance of a noncompliance statement.

**Instructions:** At 12-month intervals, the licensee shall provide this form to the garage, dealership or auto repair shop to be completed by the inspector upon completion of the vehicle inspection. The licensee shall submit the completed form to the Licensing Specialist.

Name – Facility

Type

Family Child Care     Group Child Care     RCC for Children and Youth     Day Camp     Group Foster Home

Vehicle – Year	Make	Model	Color	Odometer Reading	License Plate Number
Name – Inspecting Company or Agency			Name – Inspector		Telephone Number
Address			City	State	Zip Code

### VEHICLE INSPECTION CHECKLIST

Item	Pass	Repair / Replace	Item	Pass	Repair / Replace		
<b>BRAKES</b>	<input type="checkbox"/>	<input type="checkbox"/>	<b>SAFETY FEATURES</b>	<input type="checkbox"/>	<input type="checkbox"/>		
1. Failure indicator light	<input type="checkbox"/>	<input type="checkbox"/>	17. Turn signals operational	<input type="checkbox"/>	<input type="checkbox"/>		
2. System integrity	<input type="checkbox"/>	<input type="checkbox"/>	18. Head lights	<input type="checkbox"/>	<input type="checkbox"/>		
3. Pedal reserve	<input type="checkbox"/>	<input type="checkbox"/>	19. Tail lights	<input type="checkbox"/>	<input type="checkbox"/>		
4. Disc / drum condition	<input type="checkbox"/>	<input type="checkbox"/>	20. Brake lights	<input type="checkbox"/>	<input type="checkbox"/>		
5. Hoses and assembly	<input type="checkbox"/>	<input type="checkbox"/>	21. Horn	<input type="checkbox"/>	<input type="checkbox"/>		
<b>SUSPENSION</b>	<input type="checkbox"/>	<input type="checkbox"/>	22. Windows / Windshield (cracks / chips)	<input type="checkbox"/>	<input type="checkbox"/>		
6. Shock absorbers / struts	<input type="checkbox"/>	<input type="checkbox"/>	23. Front seat safety belts condition	<input type="checkbox"/>	<input type="checkbox"/>		
7. Springs	<input type="checkbox"/>	<input type="checkbox"/>	24. Back seat safety belts condition	<input type="checkbox"/>	<input type="checkbox"/>		
8. Shackles	<input type="checkbox"/>	<input type="checkbox"/>	25. Door locks operational	<input type="checkbox"/>	<input type="checkbox"/>		
9. Modifications	<input type="checkbox"/>	<input type="checkbox"/>	<b>WIPERS / WIPER BLADES</b>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>STEERING</b>	<input type="checkbox"/>	<input type="checkbox"/>	26. Wipers operational	<input type="checkbox"/>	<input type="checkbox"/>		
10. Lash	<input type="checkbox"/>	<input type="checkbox"/>	27. Blades contact	<input type="checkbox"/>	<input type="checkbox"/>		
11. Free turning	<input type="checkbox"/>	<input type="checkbox"/>	28. Blades condition	<input type="checkbox"/>	<input type="checkbox"/>		
12. Linkage play	<input type="checkbox"/>	<input type="checkbox"/>	<b>TIRES – FRONT</b>	Lft	Rt	Lft	Rt
13. Power system	<input type="checkbox"/>	<input type="checkbox"/>	29. Tread depth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>EXHAUST SYSTEM</b>	<input type="checkbox"/>	<input type="checkbox"/>	30. Matching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Leaks	<input type="checkbox"/>	<input type="checkbox"/>	31. Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Legal muffler	<input type="checkbox"/>	<input type="checkbox"/>	<b>TIRES – REAR</b>	Lft	Rt	Lft	Rt
16. Tailpipe	<input type="checkbox"/>	<input type="checkbox"/>	32. Tread depth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			33. Matching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			34. Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Brief Comments – Refer to Item Number

SIGNATURE – Inspector

Date – Inspection