

# Southeasttrans Tennessee Vehicle Spot Inspection Form



Date			Inspector's Name				
Company Name					Driver		
TN Driver's License No					Expiration Date		
Driver's Condition							
Driver ID Visible							
VIN			Vehicle Type (circle each type)	AMBULATORY		WHEELCHAIR	STRETCHER
Make			Model	Tag No		SETI Sticker No	
Vehicle Clean?	Yes	No	Required Equipment on Board?	Seatbelts	Fire Extinguisher	First Aid Kit	Spill Kit
Notes							
<input type="checkbox"/> Vehicle Information Packet on board? (Vehicle Registration, Insurance ID Card(s), Accident Procedure & Forms)							
<b>If Loading and/or Unloading Patients, check all that apply:</b>							
<input type="checkbox"/> Safely assisted patients, attendants & escorts?							
<input type="checkbox"/> Utilizing all seatbelts?							
<input type="checkbox"/> Operating wheelchair lift safely?							
Any issues?							
Facility Name:							

	Yes	No	N/A
Providers name and number on vehicle:	Yes	No	N/A
Any visible damage to body of vehicle:	Yes	No	N/A
Interior vehicle temp at a comfortable Level	Yes	No	N/A
Member's mobility type:	Yes	No	N/A
Vehicle park at curb before disembarking:	Yes	No	N/A
Tire prober class and has good tread	Yes	No	N/A
Any cracks or damage to windows:	Yes	No	N/A
Is iPad being used:	Yes	No	N/A
Child safety buzzer used properly:	Yes	No	N/A
Member picked up on time:	Yes	No	N/A
Member dropped off on time:	Yes	No	N/A

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Driver exited vehicle to assist member:	Yes	No	N/A
Child on board:	Yes	No	N/A

Explanation of events:

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Corrective Actions Required (if any):

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**Send 10-day cure letter?** (If checked, fax or deliver to Quality Assurance Department immediately for processing.)

Provider Assistance Needs	
Inspector's Signature	Date