SUNRISE TRANSPORTATION LLC
MEDICAL TRANSPORT
New Mexico Non-Emergency Medical Transportation

VEHICLE INSPECTION REPORT

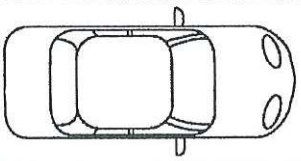
Name: _____ Mileage: _____ Year/Make/Model: _____

VIN: _____ License: _____ email: _____

CHECKED AND OK **MAY REQUIRE ATTENTION** **REQUIRES IMMEDIATE ATTENTION**

INTERIOR/EXTERIOR

NOTE ANY EXISTING EXTERIOR BODY DAMAGE OR DEFECTS ON DIAGRAM



- Exterior Body
- Windshield / Glass
- Wipers
- Lights (Head, Brake, Turn)
- Interior Lights
- AC Operation
- Heating
- Other _____

UNDERHOOD

- Engine Oil
- Brake Fluid
- Power Steering Fluid
- Washer Fluid
- Belts & Hoses
- Antifreeze/Coolant
- Air Filter
- Cabin Filter
- Fuel Filter
- Spark Plugs / Wires
- Other _____
- Battery Charge
- Battery Condition
- Cables & Connections

UNDER VEHICLE

- Brakes (Pads / Shoes)
- Brake Lines / Hoses
- Steering System
- Shocks & Struts
- Driveline (Axles / CV Shaft)
- Exhaust System
- Fuel Lines & Hoses
- Other _____

TIRES

Tread Depth

7/32" or greater *3/32" to 6/32"* *2/32" or less*

LF ___/32" RF ___/32"

LR ___/32" RR ___/32"

Wear Pattern/ Damage

LF RF LR RR

Air Pressure

TPMS Warning System

	BEFORE	OEM SPEC
LF		
RF		
LR		
RR		

Tire Check/ OE Interval Suggests:

- *Alignment*
- *Balance*
- *Rotation*
- *New Tire*

Comments: _____

_____

_____

_____

_____

_____

Inspected by: _____ Date: _____

Form #103

Y / N Registration Y / N Fire Extinguisher

Y / N Insurance Card Y / N First Aid Kit

TANK

E ¼ ½ ¾ F

Last Oil Change:

_____

GPS /Cameras

Y/N Y/N