



**SWAN TRANS 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	
<input type="checkbox"/>	Exterior Body
<input type="checkbox"/>	Windshield / Glass
<input type="checkbox"/>	Wipers
<input type="checkbox"/>	Lights (Head, Brake, Turn)
<input type="checkbox"/>	Interior Lights
<input type="checkbox"/>	AC Operation
<input type="checkbox"/>	Heating
<input type="checkbox"/>	Other _____

UNDER VEHICLE	
<input type="checkbox"/>	Brakes (Pads / Shoes)
<input type="checkbox"/>	Brake Lines / Hoses
<input type="checkbox"/>	Steering System
<input type="checkbox"/>	Shocks & Struts
<input type="checkbox"/>	Driveline (Axles / CV Shaft)
<input type="checkbox"/>	Exhaust System
<input type="checkbox"/>	Fuel Lines & Hoses
<input type="checkbox"/>	Other _____

UNDERHOOD	
<input type="checkbox"/>	Engine Oil
<input type="checkbox"/>	Brake Fluid
<input type="checkbox"/>	Power Steering Fluid
<input type="checkbox"/>	Washer Fluid
<input type="checkbox"/>	Belts & Hoses
<input type="checkbox"/>	Antifreeze/Coolant
<input type="checkbox"/>	Air Filter
<input type="checkbox"/>	Cabin Filter
<input type="checkbox"/>	Fuel Filter
<input type="checkbox"/>	Spark Plugs / Wires
<input type="checkbox"/>	Other _____
<input type="checkbox"/>	Battery Charge
<input type="checkbox"/>	Battery Condition
<input type="checkbox"/>	Cables & Connections



TIRES	
<i>Tread Depth</i>	
<input type="checkbox"/>	7/32" or greater
<input type="checkbox"/>	3/32" to 6/32"
<input type="checkbox"/>	2/32" or less
LF <input type="checkbox"/>	/32"
RF <input type="checkbox"/>	/32"
LR <input type="checkbox"/>	/32"
RR <input type="checkbox"/>	/32"

	Wear Pattern/ Damage	Air Pressure	Tire Check/ OE Interval Suggests:
	LF <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> RF <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> LR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> RR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	TPMS Warning System BEFORE DEMSPEC LF <input type="checkbox"/> <input type="checkbox"/> RF <input type="checkbox"/> <input type="checkbox"/> LR <input type="checkbox"/> <input type="checkbox"/> RR <input type="checkbox"/> <input type="checkbox"/>	

Comments: _____

Inspected by: _____ Date: _____

Form #103

Y/N Registration	Y/N Fire Extinguisher	TANK	Last Oil Change:	GPS /Cameras
Y/N Insurance Card	Y/N First Aid Kit	E ¼ ½ ¾ F	_____	Y/N Y/N