

Chippewa Falls Area School District- Vehicle Inspection Form

Instructions: This form is required to be submitted for any new staff or other persons serving in an official capacity to use a personal motor vehicle for school purposes and/or to transport students. Complete one form for each vehicle to be used.

Vehicle Identification:

Make _____

Year _____ License Plate _____

Owner(s) _____

Your signature below certifies that you have inspected the vehicle and that all required safety equipment items below, except those marked "NOT OK" are in legal operating condition. Only vehicles meeting all of these safety requirements may be used to transport students.

NOT OK	OK	Safety Feature	NOT OK	OK	Safety Feature
		Head Lamps			Parking lamps
		Directional Lamps			Flashing warning lamps
		Side marker lamps & reflectors			Tail Lamps
		Back-up lamps			Brake lamps
		Steering system			Suspension system
		Bumpers & fenders			Hood & trunk latches
		Door latches & locks			Tires
		Exhaust system			Fuel system
		Windshield			Windows: vent, side, rear
		Windshield wipers & washers			Windshield defroster/defogger
		Horn			Mirror
		Speed indicator			Odometer
		Restraining devices & seats			Brakes
		Parking brake			Floor & trunk pans

Yes ___ No ___ Are all seats mounted and facing forward?

Yes ___ No ___ If the vehicle is a private vehicle, does the vehicle have insurance coverage of at least:

\$100,000 Property Damage

\$300,000 Bodily Injury Liability, each person (subject to the limit for each person)

\$100,000 Bodily Injury, each accident

Date of Inspection: _____

Inspector's Signature: _____

Comments: _____

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