



VEHICLE SAFETY AFFIDAVIT

The following inspection report should be completed to ensure the safety of personal vehicles used to transport members receiving transportation as part of Home and Community Based Services. This affidavit should be updated annually or when a new vehicle is used to provide transportation. A copy must be submitted to Arizona Care Services.

EMPLOYEE NAME _____ DATE ____/____/____

VEHICLE REGISTERED TO _____ LICENSE PLATE _____

VEHICLE MAKE / MODEL _____ ODOMETER _____

Exterior Inspection

Is the exterior free of visible damage that would pose a hazard?	YES	NO	comments:
Are tires properly inflated? (use tire gauge)	YES	NO	comments:
Is tire tread depth and wearing acceptable?	YES	NO	comments:

Interior Inspection

Is interior clean and free of damage that would pose a hazard?	YES	NO	comments:
Are all safety belts working properly?	YES	NO	comments:
Is FIRST AID & EMERGENCY KIT available?	YES	NO	comments:
Is current VEHICLE REGISTRATION available?	YES	NO	comments:
Is current INSURANCE INFORMATION available?	YES	NO	comments:

Operating Inspection

Are headlights working?	YES	NO	comments:
Are taillights working?	YES	NO	comments:
Are brake lights working?	YES	NO	comments:
Are reverse lights working?	YES	NO	comments:
Are windshield wipers working?	YES	NO	comments:
Is the horn working?	YES	NO	comments:
Are mirrors available and functioning?	YES	NO	comments:
Do turn signals work?	YES	NO	comments:
Does heating/cooling system work properly?	YES	NO	comments:
Is the parking brake working?	YES	NO	comments:
Are the brakes working properly?	YES	NO	comments:

Affidavit of Maintenance & Safety

I certify the described motor vehicle is mechanically safe to operate and is equipped with all required devices necessary for safe operation upon the highway. The vehicle has valid vehicle registration and license plates and, at a minimum, the State of Arizona required level of liability insurance. The vehicle is maintained in a safe and working order, and is equipped with a working heating and air conditioning system and a first aid kit. The vehicle has operational seat belts installed that are safe for passenger use. When transporting, members are securely fastened in age-appropriate and weight-appropriate restraints, as required by State law and in accordance with Arizona Care Services policy. Members will not be left unattended in this vehicle at any time for any reason.

EMPLOYEE SIGNATURE _____

DATE ____/____/____