



**PROWERS COUNTY  
SECURE TRANSPORTATION SERVICES  
Vehicle Inspection Report**

1. Name of Secure Transportation Service:

2. Type of permit (check one):     Type 1 (partitioned)             Type 2 (non-partitioned)

3. Date and location of inspection:

4. Secure transportation vehicle information:

Chassis year:

Make:

Model:

VIN:

License plate:

5. Requirements for all secure transportation vehicles:

Yes  No    Certification of compliance with Federal Motor Vehicle Safety Standards

Yes  No    Four door body configuration

Yes  No    Ligature risk reduction measures

Yes  No    Child safety door locks for passenger compartment

Yes  No    Window safety locks for passenger compartment

Yes  No    Global Positioning System (GPS) tracking

Yes  No    Seat belt for each seating position

Yes  No    Manufacturer's supplemental inflatable restraints (airbags) operational

Yes  No    Child safety seat in appropriate sizes for client population (if applicable)

Yes  No    Operational cabin temperature control and ventilation system

Yes  No    Secure area clear of any items that may be used to inflict harm

Yes  No    Mirror or video camera to visually observe and monitor client

Yes  No    First aid kit

Yes  No    Fire extinguisher

- Yes  No Wireless two-way communication (public safety radio, wireless telephone)
- Yes  No Biohazard bags
- Yes  No Personal protective equipment for each vehicle occupant
- Yes  No Map of service area
- Yes  No All equipment and supplies in/on the vehicle are properly secured, maintained and stored in accordance with manufacturer recommendations

6. Additional requirements for Type 1 secure transportation vehicles:

- Yes  No Permanent safety partition between driver and passenger compartments
- Yes  No Safety partition between passenger compartment and cargo area (if applicable)
- Yes  No Automated external defibrillator (AED)
- Yes  No Non-metal, soft posey-type restraints
- Yes  No Device to prevent spitting or biting that does not restrict airway or breathing ability and does not pose a ligature risk

Additional Comments: \_\_\_\_\_  
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\_\_\_\_\_  
 Inspector Name

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Inspector Organization

\_\_\_\_\_  
 Date of Inspection

\_\_\_\_\_  
 Secure Transportation Service Representative

\_\_\_\_\_  
 Signature