

--	--	--	--	--	--	--	--

Review Date (MMDDYY)

## Day Program Monitoring Tool Transportation Review

Reviewer Initials

--	--	--

1	Day Program Transportation review	Standard	Yes	No	N/A	Standard Gained	Weight	Comments
2	<b>Agency Vehicles</b>							
3	Are monthly vehicle safety reviews conducted on this vehicle?	12A.14	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	s	
4	Are vehicles used to transport service recipients? <i>Are vehicles used to transport service recipients equipped with the following:</i>	12A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D	
6	• Fire extinguisher	12A.15:1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	s	
7	Does the vehicle First Aid kit include all of the following?	12A.15:2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	s	
8	• Antiseptic (i.e., peroxide or rubbing alcohol)	12A.15:2a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D	
9	• Rolled gauze bandages	12A.15:2b	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D	
10	• Sterile gauze bandages	12A.15:2c	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D	
11	• Adhesive paper or ribbon tape	12A.15:2d	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D	
12	• Scissors	12A.15:2e	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D	
13	• Adhesive bandages (i.e. Band-Aids)	12A.15:2f	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	D	
14	At least three portable red reflector warning devices	12A.15:3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	s	
15	Spare tire	12A.15:4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	s	
16	Copies of the emergency/accident procedures and any accompanying forms are kept in the vehicle?	12A.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c	
17	Are current/valid copies of liability insurance maintained in the vehicle?	12A.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c	
18	Is a valid registration maintained in each vehicle?	12A.6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c	
19	<i>Are vehicles transporting service recipients in wheelchairs:</i>							
20	• Wheelchair accessible by design	12A.11:1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c	
21	• Equipped with lifts and wheelchair securing devices	12A.11:2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c	

License Plate

--	--	--	--	--	--	--	--	--	--



5104

Provider ID

--	--	--	--	--	--	--	--	--	--

\_\_\_\_\_ of \_\_\_\_\_ Vehicles Reviewed