



**NH DEPARTMENT OF SAFETY
 DIVISION OF FIRE STANDARDS AND TRAINING AND
 EMERGENCY MEDICAL SERVICES
 WHEELCHAIR VAN FOR HIRE
 INSPECTION FORM**



Inspection Sticker # _____ Van # _____

Date of Inspection _____ Initial _____ Re-inspection _____

Name of Inspector _____ Signature _____

Company Name: _____

Mailing Address _____

City _____ State _____ Zip Code _____

Company Rep. Present _____ MV Reg No. _____

Vehicle Identification No. _____ Year & Make _____

Current Motor Vehicle Registration: Expiration Date: _____

Current Inspection Date on Windshield Sticker: YES _____ NO _____

INSURANCE CERTIFICATE: YES _____ NO _____

INSURANCE COMPANY _____

INSURANCE EFFECTIVE DATE _____

CURRENT LICENSE PLATE WITH REGISTRATION STICKERS: FRONT _____ REAR _____

DISPATCH CONTROL CENTER: _____

COMMENTS:

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EMERGENCY MEDICAL SERVICES
WHEELCHAIR VAN FOR HIRE - EQUIPMENT AND SUPPLIIES (Saf-C 5919)**

Passenger Type: YES___ No ___ IF No, comment: _____

EXITS:

One exit large enough for Wheelchair(s)/Stretcher: YES___ NO___

One additional exit for emergency use: YES___ NO___

WHEELCHAIR VAN MINIMUM DIMESIONS:

Height of Interior – 52 INCHES: YES___ NO___

Height of loading doorway - 42 INCHES: YES___ NO___

Width of loading doorway - 39 INCHES: YES___ NO___

WHEELCHAIR AND/OR STRETCHER PERMANENT LOCKING DEVICE:

Movement does not exceed 2" forward & backward: True ___ False ___ (Deficiency ___)

No lateral movement noted: True ___ False ___ (Deficiency ___)

RAMP:

Manual___ Electric ___ Hydraulic Lift(s) ___ Permanently affixed to the Van: YES___ NO___

Hydraulic___ Electric ___ Lifts capable of manual back up system: YES___ NO___

Manual ramps single unit: YES___ NO___

Folding ramp for storage: YES___ NO___

Non-slip coating on ramp: YES___ NO___

LIGHTING:

Lighting System capable of lighting the passenger area: YES___ NO___

Lighting System capable of lighting the loading area: YES___ NO___

Exterior Warning Lights - Independently Operated (4-way flashers acceptable): YES___ NO___

HEATING/VENTILATING:

Heating system, sufficient for entire van: YES___ NO___

Ventilation system, sufficient for entire van: YES___ NO___

LETTERING:

Chair Van Company Name minimum 4" Lettering on exterior: YES___ NO___

Chair Van Company Name - 1 ½" Lettering inside passenger compartment: YES___ NO___

OTHER:

ALL Equipment secured: YES___ NO___ Comments: _____

Two-Way Communications (911 min.): YES___ NO___ Type: _____

One Fire extinguisher (2-A/10-B/C min.): Dry Chemical ___, or Carbon Dioxide___

One functioning hand held flashlight ____;
Rechargeable ____, or (min size) 2/D Cell replacement batteries ____

Four each: Road warning reflectors: ____, or Flares ____ [NOTE: 3 are acceptable / rules to be changed]

Seat restraints with shoulder straps for all positions (personnel and passengers): ____

PERSONAL CARE EQUIPMENT:

One each (for maximum van will accommodate):
Sealable motion sickness bag:____ or,
Plastic container with suitable cover ____

Two each – Fire resistant blankets: ____

One commercial prepackaged first aid kit: ____

One Pocket Mask with one-way valve: ____

One dozen disposable gloves:____

OVERALL CONDITIONS:

Sanitary: YES ____ NO ____ (If no, comment below)

Safety: YES ____ NO ____ (If no, comment below)

[Unsafe conditions include but are not limited to:

- Bald tires;
- Inoperable doors, windows, or both;
- Missing doors handles;
- Open holes in the van body;
- Exhaust leaks; and
- Any other condition Inspector considers unsafe (comment below)]

Comments:

Initials: _____
Date: _____