

Attachment 8-D

Delivery and Inspection Receipt

OHIO DEPARTMENT OF TRANSPORTATION
OFFICE OF TRANSIT
RURAL TRANSIT PROGRAM
DELIVERY AND INSPECTION RECEIPT

1. Agency Name
2. Contract Number
3. Vehicle Type
4. Color
5. Vehicle Manufacturer
6. Vehicle Model
7. Vehicle Model Year
8. Vehicle Serial Number
9. Delivery Date
10. Delivery Mileage
11. Vendor Name

Inspection Instructions: Place a check () next to all items that are in satisfactory condition. Place a "" next to items that are deficient and explain problems further in the "Comments" section.

Note: Not all items will pertain to every vehicle; check only those items that are applicable.

A. Lights

Head Lights _____ Back Up Lights _____ Tail Lights _____
Turn Signals _____ Hazard Warning Lights _____ Dash Lights _____
Interior Lights _____ Stepwell Lights _____ Wheelchair Lift Entry _____

B. Accessory Items

Horn _____ Windshield Wipers _____ Gauges (Fuel, Oil, Warning, etc.) _____
Air Conditioner (Dash and Auxiliary) _____ Heater (Dash and Auxiliary) _____

C. Safety/Emergency Equipment

First Aid Kit _____ Fire Extinguisher _____ Triangle Reflectors _____
Spare Tire _____ Vehicle Jack _____
Lug Wrench _____ Seat Belts _____

D. Wheelchair Equipment

Lift Operational _____
Wheelchair Tie-Down Tracks _____
Occupant Restraint Belt _____
Tie-Down Belts (4 Per Position) _____
Off-floor Belt Storage _____

E. Miscellaneous Equipment

Emergency Exit Door/Window _____ Emergency Exit Roof Ventilator
Running Boards _____ Passenger Assist Stanchion
Jump Seats _____ Fold-up Seats
Accessibility Symbols _____ Wheelchair Securement Video

F. Fluid Levels

Oil _____ Engine Coolant _____ Brake
Transmission _____ Power Steering _____ Windshield Washer

G. Road Test

Steering/Handling _____ Acceleration _____ Braking
Back-up Alarm _____ Unusual Noises (rattles, squeaks, etc.)

Comments:

Certification:

_____ certifies that the above vehicle has been received and
upon initial
(Agency Name)

examination, is complete as ordered and all items except those noted are in working
condition.

Agency Rep: _____

Vendor Rep:

Signature

Date

Signature

Date

Note: This form does not constitute final acceptance of this vehicle with respect to
specification compliance. ODOT will handle that inspection separately.

**Please return this form to your ODOT Transit Representative, Office of Transit,
1980 West Broad Street, 2nd Floor North, Columbus, Ohio 43216-0899**