

# Record of SECA Van Inspection for PRC

This form is to be completed by a qualified mechanic every 15,000 miles and not less than once each year.

Van Number: \_\_\_\_\_ VIN# \_\_\_\_\_

Licene Tag Number: \_\_\_\_\_

|   |       |
|---|-------|
| <b>Inspected By:</b> (Vendor/Business Name, Inspector's Name, Date of Inspection) |       |
| <b>Vendor Company Name:</b>   | _____ |
| <b>Name of the INSPECTOR:</b>   | _____ |
| <b>Date of Inspection</b>   | _____ |
| <b>Mileage at Time of Inspection:</b>   | _____ |

## INDEPENDENT REPORT ON CONDITION OF VEHICLE

|                           | OK | Repair Needed | Repair Completed |                        | OK             | Repair Needed    | Repair Completed        |
|---------------------------|----|---------------|------------------|------------------------|----------------|------------------|-------------------------|
| <b>BRAKES</b>             |    |               |                  | <b>BODY</b>            |                |                  |                         |
| Drums/Rotors              |    |               |                  | Windshield             |                |                  |                         |
| Brake Pads                |    |               |                  | Windshield Wipers      |                |                  |                         |
| Emergency Brake           |    |               |                  |                        |                |                  |                         |
| <b>LIGHTING</b>           |    |               |                  | <b>MIRRORS</b>         |                |                  |                         |
| Headlights                |    |               |                  | Rear View Inside       |                |                  |                         |
| Brake Lights              |    |               |                  | Driver Side            |                |                  |                         |
| Reverse Lights            |    |               |                  | Passenger Side         |                |                  |                         |
| 4 Way Blinkers            |    |               |                  |                        |                |                  |                         |
| Turn Signals              |    |               |                  |                        |                |                  |                         |
| <b>SAFETY EQUIPMENT</b>   |    |               |                  | <b>TIRES</b>           |                |                  |                         |
| Jumper Cables             |    |               |                  | Tread                  |                |                  |                         |
| Horn/Tire Jack/Lug Wrench |    |               |                  | Inflation              |                |                  |                         |
| 3 Waring Triangles        |    |               |                  | Damage                 |                |                  |                         |
| Mounted Fire Extinguisher |    |               |                  |                        |                |                  |                         |
| First Aid Kit             |    |               |                  | <b>OVERALL RATING:</b> | <b>Circle:</b> | <b>EXCELLENT</b> | <b>GOOD</b> <b>OKAY</b> |

Inspector: Please fax this form to 505-296-3170