Secure Transportation Vehicle Inspection Report

Name of the Secure Transportation Service: _____

Type of Permit (check one):
- ☐ Type 1 (partitioned)
- ☐ Type 2 (non-partitioned)

Class of License (check one):
- ☐ Class A (physical restraints may be used)
- ☐ Class B (no physical restraints)

Date and location of inspection: _____

YES	NO	REQUIREMENTS FOR ALL SECURE TRANSPORTATION VEHICLES:
		Certification of compliance with Federal Motor Vehicle Safety Standards
		Four door body configuration
		Ligature risk reduction measures
		Child safety door locks for passenger compartment
		Window safety interlocks for passenger compartment
		Global Positioning System tracking
		Seat belt for each seating position
		Manufacturer's supplemental inflatable restraints operational
		Child safety seat in appropriate sizes for client population (if applicable)
		Operational temperature control and ventilation system
		Secure area clear of any item that may be used to inflict harm
		Mirror or video camera to visually observe and monitor client
		First aid kit

YES	NO	REQUIREMENTS FOR ALL SECURE TRANSPORTATION VEHICLES:
		Fire extinguisher
		Wireless two-way communication
		Biohazard bags
		Personal protective equipment for each vehicle occupant
		Map of service area
		All equipment and supplies on the vehicle are properly secured, maintained, and stored in accordance with manufacturer recommendations

YES	NO	ADDITIONAL REQUIREMENTS FOR TYPE 1 SECURE TRANSPORTATION VEHICLES:
		Permanent safety partition between driver and passenger compartments
		Safety partition between passenger compartment and cargo area (if applicable)

YES	NO	ADDITIONAL REQUIREMENTS FOR CLASS A SECURE TRANSPORTATION VEHICLES:
		Automated external defibrillator
		Soft restraints
		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 Certification: By completing this inspection, I certify that I do not have any disclosed or undisclosed, actual or potential conflicts of interest with the Secure Transportation Service or inspection process.

Inspector Signature: _____

Date: _____