



Standard Operating Procedure

VEHICLE CREDENTIALING CHECKLIST – Veyo_Supply_001_03

| Provider Name: | | | | |
|---|-----|--|-----|----------|
| Date of Audit: | | | | |
| Auditor Name: | | | | |
| Type of Audit: Credentialing _____ Recredentialing: _____ Unannounced: _____ | | | | |
| Physical Inspection of Vehicle | | | | |
| Vehicle number: | | Vehicle Color: | | |
| Vehicle License Number: | | Vehicle seating Capacity: | | |
| Vehicle Year, Make & Model: | | VIN: | | |
| Odometer Reading: | | Type : (Ambulatory, Wheelchair, Stretcher) | | |
| Item | Yes | No | N/A | Comments |
| Functioning Headlights | | | | |
| Functioning Taillights including Brake lights | | | | |
| Functioning Turn Signals F/R & indicators on dash | | | | |
| Functioning Interior lights | | | | |
| Functioning Speedometer and Odometer | | | | |
| Functioning Horn | | | | |
| Functioning Climate control, including Defroster, AC & Heater | | | | |
| No Warning lights illuminated on dash | | | | |
| All seatbelts latch and retract | | | | |
| Front seat adjustment | | | | |
| Capacity to secure child safety seats | | | | |
| Functioning door trunk and windows | | | | |
| Functioning Windshield Wiper and Sprayer | | | | |
| Two (2) exterior rear-view mirrors, one (1) on each side of the vehicle. | | | | |
| Intact Windshield w/ no cracks or chips | | | | |
| Exterior: No Dents or crack over 1" | | | | |
| Exterior: No scrapes, chips, bubbling or rust | | | | |
| Interior: Cleanliness | | | | |



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| | | | | |
|---|-----------------|-----------|-----------------|-----------------|
| Interior: No large stains or tears in interior | | | | |
| Steering works without noise | | | | |
| Functioning Emergency/Parking brake | | | | |
| LF Tire Measurement. Must be over 4/32 | | | | |
| RF Tire Measurement. Must be over 4/32 | | | | |
| LR Tire Measurement. Must be over 4/32 | | | | |
| RR Tire Measurement. Must be over 4/32 | | | | |
| First Aid Kit present Seat Belt cutter/extenders present Emergency Triangles present Fire Extinguisher mounted in truck w/ dash decal Biohazard Kit present | | | | |
| Interior signage, easily visible to the passengers: "No Smoking", "All Passengers Must Use Seat Belts", Call Center & Complaint contact # | | | | |
| Wheelchair Accessible Mini-Vans and Wheelchair Vehicles | | | | |
| Item | Ye s | No | N/ A | Comments |
| Vehicles maintain a floor-to-ceiling height clearance in the passenger compartment of at least fifty-six (56) inches? | | | | |
| Functioning- wheelchair lift interlock system? | | | | |
| Wheelchair ramp(s) certified as capable of servicing a six hundred pounds (600 lbs.) load | | | | |
| Wheelchair lift(s) capable of lowering and elevating a seven hundred pounds (700 lbs.) load | | | | |
| Wheelchair lift platform is at least thirty (30) inches wide and forty-eight (48) inches long | | | | |
| Wheelchair lift controls are accessible and operable from inside or outside the vehicle and secure from accidental operation | | | | |
| Wheelchair lift capable of manual operation in the event of power failure | | | | |
| Wheelchair lift not capable of falling out of or into the vehicle when in storage in the passenger compartment | | | | |
| Wheelchair lift are equipped with hand rails on both sides of the platform | | | | |



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| Item | Yes | No | N/A | Comments |
|---|-----|----|-----|----------|
| Wheelchair positions have securement devices | | | | |
| Seatbelts and/or shoulder harness that are attached to the floor or to the side wall and capable of securing passenger and wheelchair | | | | |
| Wheelchair entrance doors have a minimum vertical clearance of fifty-six (56) inches? | | | | |
| Wheelchair entrance doors have a minimum clear door opening of thirty (30) inches wide? | | | | |
| Stretcher Vehicles | | | | |
| Item | Yes | No | N/A | Comments |
| Vehicles restraining straps are fastened properly and stretcher, stretcher fasteners and anchorages are secured properly? | | | | |
| Maintenance of Records (physical inspection of records) | | | | |
| Item | Yes | No | N/A | Comments |
| Annual maintenance performed completed in accordance with company plan. | | | | |

Date all requirements verified: _____

Date approved by Veyo: _____

I am attesting that I have reviewed the evidence to support the requirements listed above and that the vehicle has met these requirements.

Veyo Representative (print): _____

Signature: _____

Date: _____