NON MEDICAL TRANSPORTATION- **TRIP*** - DOCUMENTATION – Cuyahoga County

PROVIDER NAME Vehicle Year, Make, and Model		PROVIDER # License Plate St			DATE O	DATE OF SERVICE		
					Start Time	End Time		
Items to inspect on each trip			yes	No			Yes	NO
Windows and mirrors are clean and free of cracks/breaks?					Communication	on system working properly?		
Seat belts function properly?					Tread on all four tires is sufficient?			
All lights, including headlights and turn indicators, function properly?					Test brakes. Are they working properly?			
First Aid kit is in vehicle?					Emergency equipment (Triangles/flares)			
Fire extinguisher is in vehicle and indicates as "good"?					Secure storage			
The horn is working properly?					At end of trip, have all belongings been removed?			
Windshield wipers are working correctly?					Other			
Fill in for each rider being transported today: Individual Name Medicaid #			dividual's <i>l</i>	Address		Odometer Reading		
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DRIVER'S SIGNATURE:						Initi	iale.	

This is a sample documentation, providers are responsible for creating their own documentation to meet provider standards. Please visit www.dodd.ohio.gov for current Rules & Laws.