City of Dayton Taxicab Inspection Form, Jan. 2015

<table>
<thead>
<tr>
<th>Date:</th>
<th>Location:</th>
<th>Type: ANNUAL /NEW/ ROUTINE/ COMPLAINT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cab Company#:</td>
<td>Cab #:</td>
<td>Cab Driver:</td>
</tr>
<tr>
<td>Ohio Plate#:</td>
<td>Ohio Plate Expiration:</td>
<td>City Plate#:</td>
</tr>
<tr>
<td>Vehicle Year:</td>
<td>Vehicle Make:</td>
<td>Vehicle Model:</td>
</tr>
</tbody>
</table>

If failed, date of re-inspection __________/______/20______

- **LIGHTING**
  - Headlights
    - Left Low Beam
    - Left High Beam
    - Right Low Beam
    - Right High Beam
  - Brake Lights
    - Left
    - Right
  - Turn Signals
    - Left Front
    - Right Front
    - Left Rear
    - Right Rear
  - Hazard Lights
    - All 4
  - Reverse Lights
    - Left
    - Right
  - License Plate Light

- **SAFETY**
  - Brakes
    - Pressure Test
    - Emergency Brake
  - Seatbelts
    - Available (ALL)
    - Operational (ALL)
  - Airbag
    - Appear intact
    - Dash light OFF
  - Door Handles
    - Operational
  - Floorboards
    - Intact
  - Horn
    - Operational
  - Exhaust System
    - Intact
    - Sound Level

- **INTERIOR**
  - Seating
    - Rear Secure
    - Rips/Tears (NONE)
    - Wires showing
  - Appearance
    - Clean
    - Odors (NONE)

- **EXTERIOR**
  - Appearance
    - Clean
    - Missing pieces (NONE)
  - Paint
    - Colors match
  - Body Damage
    - (NONE)
  - Rust
    - (NONE)

- **WINDSHIELD/GLASS/MIRRORS**
  - Windshield
    - Intact
    - Damage (ANY)
  - Wipers
    - Operational (ALL)
  - Rear View Mirror
    - In place
  - Side View Mirrors
    - In Place
  - Tint
    - Less than 50%

- **TIRES/WHEELS**
  - Tread wear
    - Left Front
    - Right Front
    - Right Rear
    - Left Rear
  - Rims
    - Lugs Attached
    - Wheel Covers
  - Other Failure Item: _______________

- **TAXI SPECIFIC EQUIPMENT**
  - Roof Light
    - Present
  - Taxi Meter
    - Attached
    - Calibrated
    - Date: _________________
    - Rear seat visible

*Inspected By:______________*