

City of Dayton Taxicab Inspection Form, Jan. 2015

Date:		Location:		Type: ANNUAL /NEW/ ROUTINE/ COMPLAINT	
Cab Company#		Cab #:		Cab Driver:	
Ohio Plate#:		Ohio Plate Expiration:		City Plate#:	
Vehicle Year:	Vehicle Make:	Vehicle Model:	Vehicle Mileage:		

If failed, date of re-inspection _____ / _____ /20_____

<u>LIGHTING</u>		
	PASS	FAIL
Headlights		
Left Low Beam	<input type="checkbox"/>	<input type="checkbox"/>
Left High Beam	<input type="checkbox"/>	<input type="checkbox"/>
Right Low Beam	<input type="checkbox"/>	<input type="checkbox"/>
Right High Beam	<input type="checkbox"/>	<input type="checkbox"/>
Brake Lights		
Left	<input type="checkbox"/>	<input type="checkbox"/>
Right	<input type="checkbox"/>	<input type="checkbox"/>
Turn Signals		
Left Front	<input type="checkbox"/>	<input type="checkbox"/>
Right Front	<input type="checkbox"/>	<input type="checkbox"/>
Left Rear	<input type="checkbox"/>	<input type="checkbox"/>
Right Rear	<input type="checkbox"/>	<input type="checkbox"/>
Hazard Lights		
All 4	<input type="checkbox"/>	<input type="checkbox"/>
Reverse Lights		
Left	<input type="checkbox"/>	<input type="checkbox"/>
Right	<input type="checkbox"/>	<input type="checkbox"/>
License Plate Light	<input type="checkbox"/>	<input type="checkbox"/>

<u>SAFETY</u>		
	PASS	FAIL
Brakes		
Pressure Test	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Brake	<input type="checkbox"/>	<input type="checkbox"/>
Seatbelts		
Available (ALL)	<input type="checkbox"/>	<input type="checkbox"/>
Operational (ALL)	<input type="checkbox"/>	<input type="checkbox"/>
Airbag		
Appear intact	<input type="checkbox"/>	<input type="checkbox"/>
Dash light OFF	<input type="checkbox"/>	<input type="checkbox"/>
Door Handles		
Operational	<input type="checkbox"/>	<input type="checkbox"/>
Floorboards		
Intact	<input type="checkbox"/>	<input type="checkbox"/>
Horn		
Operational	<input type="checkbox"/>	<input type="checkbox"/>
Exhaust System		
Intact	<input type="checkbox"/>	<input type="checkbox"/>
Sound Level	<input type="checkbox"/>	<input type="checkbox"/>

<u>INTERIOR</u>		
	PASS	FAIL
Seating		
Rear Secure	<input type="checkbox"/>	<input type="checkbox"/>
Rips/Tears	<input type="checkbox"/>	<input type="checkbox"/>
(NONE)	<input type="checkbox"/>	<input type="checkbox"/>
Wires showing	<input type="checkbox"/>	<input type="checkbox"/>
Appearance		
Clean	<input type="checkbox"/>	<input type="checkbox"/>
Odors (NONE)	<input type="checkbox"/>	<input type="checkbox"/>

<u>EXTERIOR</u>		
	PASS	FAIL
Appearance		
Clean	<input type="checkbox"/>	<input type="checkbox"/>
Missing pieces	<input type="checkbox"/>	<input type="checkbox"/>
(NONE)	<input type="checkbox"/>	<input type="checkbox"/>
Paint		
Colors match	<input type="checkbox"/>	<input type="checkbox"/>
Body Damage		
(NONE)	<input type="checkbox"/>	<input type="checkbox"/>
Rust		
(NONE)	<input type="checkbox"/>	<input type="checkbox"/>

<u>TIRES/WHEELS</u>		
	PASS	FAIL
Tread wear		
Left Front	<input type="checkbox"/>	<input type="checkbox"/>
Right Front	<input type="checkbox"/>	<input type="checkbox"/>
Right Rear	<input type="checkbox"/>	<input type="checkbox"/>
Left Rear	<input type="checkbox"/>	<input type="checkbox"/>
Rims		
Lugs Attached	<input type="checkbox"/>	<input type="checkbox"/>
Wheel Covers	<input type="checkbox"/>	<input type="checkbox"/>
Other Failure Item: _____		

<u>WINDSHIELD/GLASS/MIRRORS</u>		
	PASS	FAIL
Windshield		
Intact	<input type="checkbox"/>	<input type="checkbox"/>
Damage (ANY)	<input type="checkbox"/>	<input type="checkbox"/>
Wipers		
Operational (ALL)	<input type="checkbox"/>	<input type="checkbox"/>
Rear View Mirror		
In place	<input type="checkbox"/>	<input type="checkbox"/>
Side View Mirrors		
In Place	<input type="checkbox"/>	<input type="checkbox"/>
Tint		
Less than 50%	<input type="checkbox"/>	<input type="checkbox"/>

<u>TAXI SPECIFIC EQUIPMENT</u>		
	PASS	FAIL
Roof Light		
Present	<input type="checkbox"/>	<input type="checkbox"/>
Operational	<input type="checkbox"/>	<input type="checkbox"/>
Taxi Meter		
Attached	<input type="checkbox"/>	<input type="checkbox"/>
Calibrated	<input type="checkbox"/>	<input type="checkbox"/>
Date: _____		
Rear seat visible	<input type="checkbox"/>	<input type="checkbox"/>

Inspected By: _____