

Taxi Company:

Type of Inspection:

INITIAL ANNUAL

City of Duluth Taxicab Vehicle Inspection Report

Facility Name:
Address:
Telephone:

Vehicle Owner Name			Telephone		Cab #	
Vehicle Year	Make	VIN (last 6 digits)	License Plate	Odometer		

F = FAIL/ OUT OF SERVICE P = PASS

1. BELTS, HOSES, LUBRICANTS		F	P	7. STEERING		F	P	11. BODY		F	P
<input type="checkbox"/> P/S	<input type="checkbox"/> ALT			STEERING LINKAGES /COMPONENTS				PAINT COLOR, DENTS, DINGS, RUST			
<input type="checkbox"/> AIR PUMP	<input type="checkbox"/> A/C			BALL JOINTS				WINDSHIELD			
<input type="checkbox"/> CRACK	<input type="checkbox"/> HEATER			PINION SEALS				DOORS-AT LEAST 5 INCLUDING TRUNK			
<input type="checkbox"/> SOFT	<input type="checkbox"/> RAD			TIRE WEAR <input type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR				DOOR HANDLES <input type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR			
PULLEYS & WATER PUMP				TIRE WEAR/RIM CONDITION				DOOR WINDOW <input type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR			
RADIATOR & PRESSURE CAP				WHEEL ALIGNMENT- TEST/VISUAL				FENDERS – FRONT			
COOLANT: <input type="checkbox"/> LEVEL <input type="checkbox"/> COND				PS PUMP AND LEAKS				QUARTER PANELS - REAR			
TRANS FLUID <input type="checkbox"/> LEVEL <input type="checkbox"/> COND				8. INSTRUMENTS		F	P	MIRRORS <input type="checkbox"/> LF <input type="checkbox"/> INTERIOR <input type="checkbox"/> RF			
ENGINE OIL: <input type="checkbox"/> LEVEL <input type="checkbox"/> COND				OIL PRESSURE				BUMPER COVERS			
PWR STR FLUID <input type="checkbox"/> LEVEL				ENGINE TEMP				DECAL/COMPANY MARKING			
BATTERY POSTS & CABLES				CHARGING SYSTEM				Rates on each side w/min 1.5" letters			
2. POLLUTION CTRL/FUEL SYS				F	P	SPEEDOMETER		GLASS			
FUEL LEADS (VISUAL)				ODOMETER				GENERAL BODY CONDITION			
GAS TANK				HEATER/DEFROSTER				12. GENERAL		F	P
GAS GAUGE				AIR CONDITIONING				HORN			
IDLE NORMAL:				SRS AIRBAGS				AIR CONDITIONER			
3. ENGINE/POWER ANALYSIS				F	P	TAXIMETER		FAN SPEED			
TEST DRIVE	ENGINE PERFORMANCE			Rate statement card at least 8.5"x11"				WS WIPERS/WASHER			
	ENGINE NOISES			TAXI TOPLIGHT ON ROOF				HEADLIGHTS			
	NORMAL ACCELERATION							FOCUS/CANDLE POWER			
ENGINE MOUNTS								HI LOW PARKING			
OIL LEAKS								RIGHT TURN LIGHTS			
4. TRANSMISSION				F	P	9. BRAKING SYSTEM		F	P	13. TRUNK	
TEST DRIVE	NORMAL TRAN OPERATION			FLUID LEVEL				SPARE TIRE <input type="checkbox"/> N/A		F	P
	SPEEDOMETER OPERATION			PEDAL RESERVE				TRUNK UPHOLSTERY CONDITION			
	GEAR SHIFT INDICATOR			BRAKE HOSES & LINES				LATCH OPENS CLOSSES			
5. DRIVE TRAIN				F	P	MASTER CYLINDER/ABS		FUEL LEAKS/SMELLS			
TEST DRIVE	DRIVE LINE:			PARKING BRAKE				14. INTERIOR		F	P
	<input type="checkbox"/> NOISE			REMAINING LINING/PAD				DRIVER/PASSENGER INTERIOR			
	<input type="checkbox"/> VIBRATION			FRONT REAR				UNCLEAN/DIRTY/SOIL/ODORS			
				WHEEL CYLINDERS/CALIPERS				FRONT SEAT # REAR SEAT #			
				DRUM/DISC CONDITION				CONDITION:			
6. EXHAUST SYSTEM				F	P	10. SUSPENSION/FRAME		F	P	DASHBOARD	
CATALYTIC CONVERTER				FRAME/ENERGY ABSORB BUMPER				HEADLINER			
EXHAUST PIPE/TAIL PIPE				FRAME/CROSS BARS				SEATBELTS (FRONT/REAR)			
MUFFLER				STABILIZER BAR & LINKS				FLOORS			
HANGER/CLAMPS				STRUT/SOCKS <input type="checkbox"/> LF <input type="checkbox"/> RF <input type="checkbox"/> LR <input type="checkbox"/> RR							
				SPRINGS/BRUSHINGS							

Comments:

Date of Inspection	Inspection Results <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Technician Name (print)	Technician Signature	Employee #
Date of Inspection	Reinspection Results <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Technician Name (print)	Technician Signature	Employee #