

Taxi Company:

Type of Inspection:

INITIAL  ANNUAL

# City of Duluth Taxicab Vehicle Inspection Report

Facility Name:
Address:
Telephone:

**THIS FORM MUST BE COMPLETED BY AN A.S.E. CERTIFIED MECHANIC  
FAILURE TO PROVIDE PROOF OF A.S.E. CERTIFICATION WILL RENDER THIS REPORT INVALID**

Vehicle Owner Name			Telephone		Cab #	
Vehicle Year	Make	VIN	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				<b>8. INSTRUMENTS</b>		<b>F</b>	<b>P</b>	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					
<b>2. POLLUTION CTRL/FUEL SYS</b>				<b>F</b>	<b>P</b>	SPEEDOMETER		GLASS					
FUEL LEADS (VISUAL)				ODOMETER				GENERAL BODY CONDITION					
GAS TANK				HEATER/DEFROSTER				<b>12. GENERAL</b>		<b>F</b>	<b>P</b>		
GAS GAUGE				AIR CONDITIONING				HORN					
IDLE NORMAL:				SRS AIRBAGS				AIR CONDITIONER					
<b>3. ENGINE/POWER ANALYSIS</b>				<b>F</b>	<b>P</b>	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					
<b>4. TRANSMISSION</b>				<b>F</b>	<b>P</b>	<b>9. BRAKING SYSTEM</b>		<b>F</b>	<b>P</b>	<b>13. TRUNK</b>		<b>F</b>	<b>P</b>
TEST DRIVE	NORMAL TRAN OPERATION			FLUID LEVEL				SPARE TIRE <input type="checkbox"/> N/A					
	SPEEDOMETER OPERATION			PEDAL RESERVE				TRUNK UPHOLSTERY CONDITION					
	GEAR SHIFT INDICATOR			BRAKE HOSES & LINES				LATCH OPENS CLOSSES					
<b>5. DRIVE TRAIN</b>				<b>F</b>	<b>P</b>	MASTER CYLINDER/ABS		FUEL LEAKS/SMELLS					
TEST DRIVE	DRIVE LINE:			PARKING BRAKE				<b>14. INTERIOR</b>		<b>F</b>	<b>P</b>		
	<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:					
<b>6. EXHAUST SYSTEM</b>				<b>F</b>	<b>P</b>	<b>10. SUSPENSION/FRAME</b>		<b>F</b>	<b>P</b>	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	ASE ID#
Date of Inspection	Reinspection Results <input type="checkbox"/> Pass <input type="checkbox"/> Fail	Technician Name (print)	Technician Signature	ASE ID#