



**YEARLY MECHANICAL SAFETY CHECK  
FOR VEHICLES USED TO TRANSPORT CHILDREN IN A CHILD CARE FACILITY**

Complete a form for each vehicle used to transport children. **A record of the check and corrections shall be kept on file at the facility or in the vehicle.**

In accordance with K.A.R. 28-4-130(a)(2)(B), a yearly mechanical safety check has been completed on the items listed for the vehicle identified on this form:

<input type="checkbox"/> Tires	Make of car: _____	Year: _____
<input type="checkbox"/> Lights	Number of individual restraints: _____	
<input type="checkbox"/> Windshield wipers	Vehicle Insurance Policy No: _____	
<input type="checkbox"/> Horn	In accordance with K.A.R. 28-4-130(a)(3), liability limits are:	
<input type="checkbox"/> Signal lights	Personal injury or death in any one accident: _____	
<input type="checkbox"/> Steering	Personal injury or death to two or more	
<input type="checkbox"/> Suspension	persons in any one accident: _____	
<input type="checkbox"/> Glass	Loss of property: _____	
<input type="checkbox"/> Brakes		
<input type="checkbox"/> Tail lights		
<input type="checkbox"/> Exhaust system		
<input type="checkbox"/> Outside mirror		

The safety check was completed by \_\_\_\_\_ on \_\_\_\_\_  
First Last (MM/DD/YYYY)

In accordance with 28-4-130(a)(4)(B), a first aid kit is also required in vehicles transporting children. The first aid kit is in the vehicle and contains the following:

- |                       |   |
|-----------------------|---|
| Band-aids (all sizes) | 1 pkg. 4"x4" gauze squares  |
| Adhesive tape         | Cleansing agent (green soap, pump soap<br>antiseptic ointment or spray is acceptable) |
| Roll of gauze         |   |
| Scissors              | 1 elastic bandage   |

\_\_\_\_\_  
Facility Name Exactly as it Appears on the License or Certificate License or Certificate Number

\_\_\_\_\_  
Street Address City County

**I attest that this information is true and correct.**

\_\_\_\_\_  
Signature for Facility Date (MM/DD/YYYY)