

Road Test Form

Grantee Name: _____

GCA#: _____

Vehicle Manufacturer: _____

VIN: _____

Test Location: _____

Vehicle Type: _____

The following items must be inspected on each vehicle received through the grant.

Item	Requirement	Inspection Instruction	Result	Date Inspected	Remarks/ Notes
Engine	Idles smoothly	Record low idle, fast idle, and high idle speeds	Low _____ Fast _____ High _____		
Service Brakes	Vehicle stops smoothly and in a straight line	Verify function and indicator, check for pulling to either side	Pass/Fail		
Parking Brake	No movement of vehicle	Verify indicator and no movement when on and vehicle is in Drive	Pass/Fail		
Turning Effort	Turning torque no greater that _____ lbs	Check effort with coach stopped	Pass/Fail		
Turning Radius	Not to exceed _____ at corner of body	Verify turning radius in both directions	Pass/Fail		
Acceleration	Vehicle accelerates smoothly	Verify acceleration on smooth road	Pass/Fail		
Resonance	Absence of audible and/or visible vibrations	Operate vehicle at various speeds, check for vibrations and rattles	Pass/Fail		
Windshield wipers	Operational and evenly deposited wash fluid	Operate vehicle at safe speeds over 40 mph, check coverage, parking position, and wiper frequency	Pass/Fail		
Audible reverse alarm and lights	Audible reverse alarm and lights work as specified	Safely back up vehicle, check back up lights and alarm	Pass/Fail		
Power Plant	No abnormal fluid appearance	Check for leaks under vehicle and in engine compartment, check for abnormal noises	Pass/Fail		
HVAC	Interior temperature	Operate system, check internal and ambient temperature	Pass/Fail		
Door Control	Accelerator and brake interlocks	At speeds less than 10 mph, verify accelerator and brake interlocks with door open	Pass/Fail		
General	Ride is smooth	During testing, observe for abnormalities in ride and handling of vehicle	Pass/Fail		

Signature and Title

Date