

# Vehicle Inspection Tracking Sheet

*(Single Items Totaling \$10,000 or Greater)*

**Vehicle #1**

Subgrantee	Award/Project Number	Item Cost	Equipment/Vehicle Description
Vehicle/Serial Identification Number	Mileage (If Applicable)	Is Vehicle Operable Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Trailer Associated Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Is Trailer Operable Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	

**Vehicle #2**

Vehicle/Serial Identification Number	Mileage (If Applicable)	Is Vehicle Operable Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Trailer Associated Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Is Trailer Operable Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	

Notes:

\_\_\_\_\_

Date

\_\_\_\_\_

GEMA/HS Inspector Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Subgrantee Inspection Facilitator Signature