

# BUS DRIVER'S VEHICLE INSPECTION REPORT

COMPANY \_\_\_\_\_ BUS NO. \_\_\_\_\_

ODOMETER READING \_\_\_\_\_

END MILEAGE: \_\_\_\_\_ DATE: \_\_\_\_\_

START MILEAGE: \_\_\_\_\_ TIME: \_\_\_\_\_  AM  PM

TOTAL MILEAGE: \_\_\_\_\_ LOCATION: \_\_\_\_\_

### INSPECT ITEMS LISTED - IF DEFECTIVE, NUMBER AND DESCRIBE IN "REMARKS"

- |   |  |
|---|--|
| <input type="checkbox"/> FLUID LEAKS UNDER BUS  | <input type="checkbox"/> EMERGENCY DOOR & BUZZER               |
| <input type="checkbox"/> LOOSE WIRES, HOSE CONNECTIONS OR BELTS IN ENGINE COMPARTMENT | <input type="checkbox"/> HEADLIGHTS, FLASHERS & 4-WAY FLASHERS |
| <input type="checkbox"/> OIL LEVEL  | <input type="checkbox"/> RIGHT FRONT TIRE & WHEEL              |
| <input type="checkbox"/> RADIATOR COOLANT LEVEL                                       | <input type="checkbox"/> FRONT OF BUS - WINDSHIELD             |
| <input type="checkbox"/> BATTERY  | <input type="checkbox"/> LEFT FRONT TIRE & WHEEL               |
| <input type="checkbox"/> TRANSMISSION   | <input type="checkbox"/> STOP ARM (SCHOOL BUS)                 |
| <input type="checkbox"/> UNUSUAL ENGINE NOISE   | <input type="checkbox"/> EXHAUST SYSTEM                        |
| <input type="checkbox"/> GAUGES & WARNING LIGHTS                                      | <input type="checkbox"/> LEFT SIDE OF BUS - WINDOWS & LIGHTS   |
| <input type="checkbox"/> SWITCHES   | <input type="checkbox"/> LEFT REAR TIRES & WHEELS              |
| <input type="checkbox"/> HORN   | <input type="checkbox"/> REAR OF BUS - WINDOWS & LIGHTS        |
| <input type="checkbox"/> FANS & DEFROSTERS  | <input type="checkbox"/> TAIL PIPE                             |
| <input type="checkbox"/> WIPERS & WASHERS   | <input type="checkbox"/> RIGHT REAR TIRES & WHEELS             |
| <input type="checkbox"/> STOP ARM CONTROL (WARNING CONTROL)                           | <input type="checkbox"/> RIGHT SIDE OF BUS - WINDOWS & LIGHTS  |
| <input type="checkbox"/> INSIDE & OUTSIDE MIRRORS                                     | <input type="checkbox"/> DRIVER'S SEAT AND BELT                |
| <input type="checkbox"/> BRAKE PEDAL & WARNING LIGHT                                  | <input type="checkbox"/> DIRECTIONAL LIGHTS                    |
| <input type="checkbox"/> OPERATION OF SERVICE DOOR                                    | <input type="checkbox"/> PARKING BRAKE OR SERVICE BRAKE        |
| <input type="checkbox"/> EMERGENCY EQUIPMENT  | <input type="checkbox"/> CLUTCH                                |
| <input type="checkbox"/> FIRST AID KIT  | <input type="checkbox"/> STEERING                              |
| <input type="checkbox"/> ENTRANCE STEPS   | <input type="checkbox"/> WHEELCHAIR LIFT                       |
| <input type="checkbox"/> CLEANLINESS OF INTERIOR                                      | _____  |
| <input type="checkbox"/> CONDITION OF FLOOR   | _____  |

REMARKS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CONDITION OF ABOVE VEHICLE IS:  SATISFACTORY  UNSATISFACTORY

DRIVER'S SIGNATURE: \_\_\_\_\_

- ABOVE DEFECTS CORRECTED
- ABOVE DEFECTS NEED NOT BE CORRECTED FOR SAFE OPERATION OF VEHICLE

MECHANIC'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

DRIVER REVIEWING REPAIRS: SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_