

DRIVER'S VEHICLE INSPECTION REPORT – MOTOR COACH

AS REQUIRED BY THE D.O.T. FEDERAL MOTOR CARRIER SAFETY REGULATIONS

Ply 1 - Original
Ply 2 - Copy

Company: _____

Vehicle No.: _____

Location: _____

Date of Post-Trip: _____

Driver: _____

Ending Mileage: _____

Prt = Pre-Trip Pot = Post-Trip RR = Requires Repair

Starting Mileage: _____

CHECK ANY DEFECTIVE ITEM AND GIVE DETAILS UNDER "REMARKS"

Total Mileage: _____

Prt	Pot	RR		Prt	Pot	RR		Prt	Pot	RR	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fluid Leaks Under Bus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cleanliness of Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Driver's Seat & Belt
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Loose Wires, Hose Connections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Seat Cushions/Frames	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Directional Lights
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Belts in Engine Compartment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Seat Belts/Cutter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Parking Brake and Service Brakes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Oil Level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Condition of Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Clutch
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Radiator Coolant Level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emergency Door & Buzzer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Steering
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Battery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Headlights & 4-Way Flashers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wheelchair Lift
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transmission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Front - Lights, Flashers & Reflectors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Special Service Door
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unusual Engine Noise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Right Front Tire, Rim & Wheel Assembly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Door Warning Mechanism
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gauges & Warning Lights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Front of Bus - Windshield	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Posted Decals - Warning
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Switches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Left Front Tire, Rim & Wheel Assembly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Control Mechanism
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Horn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exhaust System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lift Operation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fans & Defrosters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Left Side of Bus - Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Protective Padding
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wipers & Washers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Left Side - Lights & Reflectors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Manual Pump Handle
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inside & Outside Mirrors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Left Rear Tires, Rims & Wheel Assembly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Brake Pedal & Warning Light	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rear of Bus - Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Operation of Service Door	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Rear of Bus - Lights, Flashers & Reflectors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emergency Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tail Pipe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Two-Way Radio Check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Right Rear Tires, Rims & Wheel Assembly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	First Aid Kit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Right Side of Bus - Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Entrance Steps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Right Side - Lights & Reflectors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

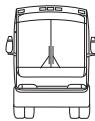
Remarks: _____

MARK CLEARLY ALL DAMAGE OR DEFICIENCIES FOUND BY USING THE FOLLOWING SYMBOL(S):

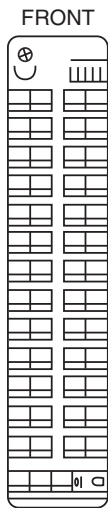
C = CUT H = HOLE D = DENT BR = BROKEN M = MISSING S = SCRATCH P = PATCHED



RIGHT SIDE

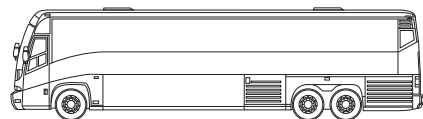
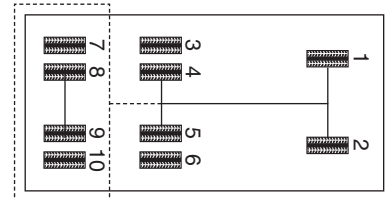


FRONT

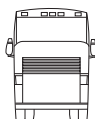


BACK

Back – Tire Positions – Front



LEFT SIDE



BACK

- Position
- Flat _____
 - Low Air Pressure _____
 - Marginal Tread _____
 - Loose Lug Nuts _____
 - Cracks or Cuts _____
 - Grease Leaks _____
 - Other Damage _____

CONDITION OF THE ABOVE VEHICLE IS SATISFACTORY

ABOVE DEFECTS CORRECTED

ABOVE DEFECTS NEED NOT BE CORRECTED FOR SAFE OPERATION OF VEHICLE

MECHANIC'S SIGNATURE: _____ DATE: _____

DRIVER'S SIGNATURE UPON COMPLETION OF POST-TRIP _____

DRIVER'S SIGNATURE: _____ DATE: _____