

BUS DRIVERS INSPECTION REPORT

DAILY INSPECTION OF SCHOOL BUS IS REQUIRED
BY DOT CHAPTER 19-143-10C & D

Instructions

1. Check (/) if item is satisfactory.
2. Place (X) if item is defective and explain deficiency at end of form.

Note: Faulty or improperly functioning equipment must be corrected. Items marked X must show a signature of mechanic indicating correction was made.

Pre Trip Post Trip

INSIDE

() () Parking Brake (Apply)

START ENGINE

() () Oil Pressure (Light or Gauge)

() () Air Pressure (Gauge)

() () Low Air or Vacuum Warning Device
 (Air Pressure below 40 psi check on pressure build up. Air pressure above 60 psi deplete air until warning device works) (Vacuum below 8 inches Hg. check on build-up. Above 8 inches Hg. deplete vacuum until device works)

() () Instrument Panel
 (Telltale lights or buzzers)

() () Horn

() () Windshield Wiper and Washer

() () Mirrors

() () Steering Wheel (Excess play)

() () Clutch

() () Seat Belts

() () Turn on all lights including 4-way flasher

() () Fire Extinguisher

() () First Aid Kit

() () Warning Devices (Reflectors)

() () Spare Fuses

() () Emergency Exit Door (Handle and Markings)

OUTSIDE

FRONT

() () Headlights

() () Clearance Lights

() () Identification Lights

() () Turn Signals and 4-Way Flasher

() () Red Flashing Lights

LEFT SIDE

() () Fuel Tank and Cap

() () Sidemarker Lights

() () Reflectors

() () Tires and Wheels (Lugs)

Pre Trip Post Trip

() () Suspension

() () Battery

() () Emergency Exit Door (Handle and Markings)

REAR

() () Tail Lights

() () Stop Lights

() () Turn Signals and 4-way Flasher

() () Clearance Lights

() () Identification Lights

() () Reflectors

() () Tires and Wheels (Lugs)

() () Red Flashing Lights

() () Emergency Exit Door (Handle and Markings)

() () Exhaust

() () Spare Tire

RIGHT SIDE

() () Fuel Tank and Cap

() () Side Marker Lights

() () Reflectors

() () Tires and Wheels (Lugs)

() () Suspension

INSIDE

STOP ENGINE

() () Apply Service Brakes – Air loss should not exceed – 3 psi per minute

FASTEN SEAT BELT BEFORE DEPARTURE

Remarks: _____

Reporting Driver : _____ Date: _____

Name: _____ Bus. No. _____

Reviewing Driver: _____ Date: _____

Name: _____

MAINTENANCE ACTION: _____ Date: _____

Repairs Made _____

Certified By: _____

Shop Remarks: _____
