

## Daily Vehicle Pre-Trip Inspection Report

Bus # \_\_\_\_\_ Center: \_\_\_\_\_ Month/Yr: \_\_\_\_\_

Added (A)	Checked (X)	Repair Needed (R)	Report All Repairs Needed Below in Comment Area											
<b>Items to Check Daily</b>														
Leaks Under Bus/Engine Area														
<b>Fluid Levels:</b> Oil/Transmission														
Brake/Power Steering														
Coolant/Washer Fluid														
Battery														
Belt/Hoses/Wires														
Steering Box, Linkage- Steering play 2"														
<b>Tire Area:</b> Tread Depth/ Sidewalls														
Pressure Thumper														
Space Area/Rims/ Lug Nuts/Hub Seals														
Suspension System: Springs/Shocks/R U-Bolt														
Exhaust System														
Fuel Tank/Cap/Straps														
Windows/Windshield Wipers/Fluid														
Mirrors/Brackets/Lenses														
<b>Lights:</b> Indicators-All Work														
Strobe/Dome														
Headlights/Brights														
Reverse/Clearance/Hazards														
Turn Signals/ Stop Sign														
Amber/Reds/Warning Override														
Emergency Exits														
Seats/Seatbelts														
Gages (Oil, Temp, Gas, Battery)														
Horn														
Heater/Defrosters/Fans														
Cleanliness														
<b>Emergency Equipment:</b>														
Fire Extinguisher: pin in, secure, charged, UTD														
First Aid Kit/Body Fluid Kit Stocked														
Broom/Secure														
Flares/Triangles Stocked & Secure														
Gearshift/Indicator														
Doors:Opn/Cls, Wthr Strpng, Hings, Rdr Clsr														
<b>Brake System:</b> Emergency Brake Works														
No Brake Fade														
Brakes work smoothly, no pulling, no grinding														
ABS Light Works Properly														
Remove Empty Bus Sign														
Date:														
Driver Initials:														
AM or PM:														
Pick Up (PU) or Drop Off (DO):														

Issues: (PLEASE GIVE EXPLANATION FOR UNMARKED BOXES):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*I have performed a pre-trip inspection according to the Ohio Pupil Transportation. Rules and have Checked the above items and found them as noted in the report.*

Driver's Signature: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Week of: \_\_\_\_\_

Weekly Tire Pressure:	
Front L ____ R ____	
(65lb./use gauge) Rear L ____ R ____	
Rear Inside L ____ R ____	
Signature: _____	

## Daily Bus Driver Post-Route Inspection

Bus # \_\_\_\_\_ Month/Yr: \_\_\_\_\_

Put "EMPTY BUS" Sign Up																	
Check for Children																	
Harnesses Straightened																	
Children's Book Bags																	
Lights Turned Off																	
All Switches Turned Off																	
Phone Taken Off Bus																	
Windows Closed																	
Tires Checked																	
No Fluid Leaks																	
Bus Cleaned																	
Gas Tank Filled																	
Outside Body Damage																	
Doors Locked																	
Date:																	
Driver Initials:																	

<b>BLT</b>							
AM or PM							
Date:							

Notified Supervisor of Any Repairs Needed: Yes \_\_\_\_\_ No \_\_\_\_\_

Comments:

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*I have completed the post-trip inspection and have found the above items as noted in the report.*

Driver's Signature: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Week of: \_\_\_\_\_