

DAILY BUS INSPECTION CHECKLIST

(YOU ARE LOOKING FOR ITEMS THAT MAKE THE VEHICLE UNSAFE TO TRANSPORT CHILDREN)

WEEK OF _____ THRU _____ BUS # _____

ANNOTATE MILEAGE AFTER THE PM RUN ON THE FRIDAY ENDING THE PAY PERIOD _____

	MON	TUE	WED	THU	FRI	MON	TUE	WED	THU	FRI
BEFORE OPERATIONS										
ATTITUDE-WALK AROUND										
BODY DAMAGE										
RIMS/TIRES/LUG NUTS										
FUEL AREA										
REFLECTORS										
FLUIDS/LEAKS										
HOOD LATCHES										
ENTRANCE DOOR										
ENTER VEHICLE-INTERIOR										
FIRE EXTINGUISHER										
FIRST AID KIT										
BIO KIT										
START ENGINE										
SIDE/INSTRUMENT PANEL/GAUGE										
HORNS										
LIGHTS (ALL)										
STOP ARM										
BRAKE/TAIL/TURN SIGNALS										
LIGHTS/AMBERS/REDS										
MIRRORS (ALL)										
AIR BRAKES/LEAKAGE										
EMERGENCY BRAKE										
SPRING BRAKE										
STEERING ASSEMBLY										
TRIANGLES										
RECORDING DEVICE (VCR/DVR)										
WINDSHIELD										
WIPERS										
DURING OPERATIONS										
AIR BRAKE CHAMBERS/HOSES										
BELTS										
CHAIR LIFT/STRAPS										
CHILD-RESTRAINT SYSTEM										
DRUMS/ROTORs										
EMERGENCY EXITS										
EXHAUST/FRAME/DRIVE TRAIN										
FLOORS										
FLUID HOSES										
SEATS/SEAT BELTS										
SHOCKS										
SLACK ADJUSTERS										
SPRINGS/HANGERS/FASTENERS										
UNDER CARRIAGE										
RECORDING DEVICE (VCR/DVR)										
WINDOWS										
AFTER OPERATIONS										
REVIEW FORM										
REPORT DEFICIENCIES										
ANNOTATE GALLONS OF FUEL UNDER THE DAY RECEIVED										
DRIVER'S INITIALS										

DRIVER'S PRINTED NAME _____

DRIVER'S SIGNATURE _____

BY INITIALING, YOU ARE INDICATING YOU HAVE CONDUCTED INSPECTIONS FOR ALL LISTED ITEMS.

OVER FOR INSTRUCTIONS ON DRIVER REQUIREMENTS FOR DAILY BUS INSPECTION

DAILY BUS INSPECTION REQUIREMENTS

1. PRIOR TO OPERATING VEHICLE, DRIVER MUST CHECK ALL "BEFORE OPERATION" ITEMS AND CONFIRM BY PLACING A CHECK MARK, AN "X", OR A LINE IN THE CORRESPONDING BLOCK.
2. DRIVER IS REQUIRED TO CHECK ALL "DURING OPERATION" ITEMS WHILE THE VEHICLE IS IN OPERATION OR WHILE ON LAYOVER AND CONFIRM BY PLACING A CHECK MARK, AN "X", OR A LINE IN THE CORRESPONDING BLOCK. ANY DEFICIENCIES MUST BE NOTED BY COMPLETING THE SECTION BELOW.
3. DRIVER MUST COMPLETE "AFTER OPERATIONS" ITEMS:
 REVIEW FORM AND PLACE A CHECK MARK, AN "X", OR A LINE IN THE CORRESPONDING BLOCK.
 REPORT DEFICIENCIES BELOW
 ANNOTATE GALLONS OF FUEL UNDER THE DAY RECEIVED.
 INITIAL BLOCK-INDICATING ALL OF THE ABOVE ITEMS HAVE BEEN COMPLETED.
4. ANNOTATE MILEAGE AFTER THE PM RUN ON THE FRIDAY ENDING THE PAY PERIOD.
5. DRIVER MUST INITIAL AT THE END OF EACH DAY. YOU ARE INDICATING YOU HAVE CONDUCTED ALL INSPECTIONS FOR LISTED ITEMS AND YOUR BUS IS SAFE TO TRANSPORT CHILDREN.
6. DRIVER MUST PRINT AND SIGN NAME AT BOTTOM. ALL ITEMS MUST BE COMPLETE PRIOR TO SUBMITTING.

DEFICIENCIES

ANNOTATE DAY IDENTIFIED AND THE DEFICIENCY NOTED. IF THE DEFICIENCY HAS NOT BEEN CORRECTED BY THE END OF THE PAY PERIOD, DRIVER MUST CARRY OVER TO THE DBI.

DATE	DEFICIENCY NOTED	DATE CORRECTED
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ACTIVITY TRIPS

BY FILLING IN THE BLANKS AND SIGNING, YOU ARE INDICATING YOU HAVE CONDUCTED ALL INSPECTIONS FOR LISTED ITEMS AND YOUR BUS IS SAFE TO TRANSPORT CHILDREN ON THE TRIP.

DATE	DESTINATION	SIGNATURE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____