

BUS DRIVER'S VEHICLE INSPECTION REPORT

COMPANY: _____

ODOMETER READING: _____ BUS NO.: _____

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

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ORIGINAL

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