

TYPE III SCHOOL BUS DAILY PRE-TRIP INSPECTION REPORT

District / Carrier _____ Date _____

Bus Number _____ Starting Mileage _____ Ending Mileage _____

Driver Name / Driver Designee _____

	CHECKED			CHECKED	
	Ok	Defect		Ok	Defect
MECHANICAL CHECK: ***Hood <u>MUST</u> be opened***					
Coolant level	<input type="checkbox"/>	<input type="checkbox"/>			
Oil level	<input type="checkbox"/>	<input type="checkbox"/>			
Power steering fluid	<input type="checkbox"/>	<input type="checkbox"/>			
Transmission fluid	<input type="checkbox"/>	<input type="checkbox"/>			
Windshield washer fluid	<input type="checkbox"/>	<input type="checkbox"/>			
Alternator	<input type="checkbox"/>	<input type="checkbox"/>			
Water pump	<input type="checkbox"/>	<input type="checkbox"/>			
Power steering pump	<input type="checkbox"/>	<input type="checkbox"/>			
Check belts and hoses	<input type="checkbox"/>	<input type="checkbox"/>			
Check for leaks	<input type="checkbox"/>	<input type="checkbox"/>			
Wheel: tire, lugs, rims	<input type="checkbox"/>	<input type="checkbox"/>			
Brakes: drum, rotators, lining, fluid (level / leaks), parking	<input type="checkbox"/>	<input type="checkbox"/>			
Springs, shock absorbers	<input type="checkbox"/>	<input type="checkbox"/>			
Fuel gauge (level)	<input type="checkbox"/>	<input type="checkbox"/>			
EXTERNAL INSPECTION:					
Lights: signal, stop, headlights, license plate light	<input type="checkbox"/>	<input type="checkbox"/>			
Doors and mirrors	<input type="checkbox"/>	<input type="checkbox"/>			
Window glass	<input type="checkbox"/>	<input type="checkbox"/>			
Fuel tanks	<input type="checkbox"/>	<input type="checkbox"/>			
Exhaust	<input type="checkbox"/>	<input type="checkbox"/>			
INTERNAL INSPECTION: (Engine running, parking brake on)					
Oil pressure builds	<input type="checkbox"/>	<input type="checkbox"/>			
Ammeter/voltmeter	<input type="checkbox"/>	<input type="checkbox"/>			
Lighting indicators	<input type="checkbox"/>	<input type="checkbox"/>			
Steering play	<input type="checkbox"/>	<input type="checkbox"/>			
Horn	<input type="checkbox"/>	<input type="checkbox"/>			
Clutch/gearshift	<input type="checkbox"/>	<input type="checkbox"/>			
Heater/defroster	<input type="checkbox"/>	<input type="checkbox"/>			
Mirrors	<input type="checkbox"/>	<input type="checkbox"/>			
Windshield	<input type="checkbox"/>	<input type="checkbox"/>			
Wipers / Washer	<input type="checkbox"/>	<input type="checkbox"/>			
Safety/emergency equipment	<input type="checkbox"/>	<input type="checkbox"/>			
fire extinguisher					
first aid, body fluid cleanup kit					
seat belt cutter					
Seats secure	<input type="checkbox"/>	<input type="checkbox"/>			
Seat belts	<input type="checkbox"/>	<input type="checkbox"/>			
Child restraints / car seats	<input type="checkbox"/>	<input type="checkbox"/>			
WHEELCHAIR – N/A <input type="checkbox"/>					
Anchor points, belts, straps, lift inspection, interlock safety system functional	<input type="checkbox"/>	<input type="checkbox"/>			

Driver Comments or explanation of defect(s) discovered:

TURN IN COMPLETED FORM

Repairs completed by: _____ Date: _____