

BUS NO _____
 VEHICLE LIC. NO. _____
 WEEK OF _____
 MONTH _____ YEAR _____

_____ EMPLOYER _____

DRIVER'S INSPECTION REPORT

This report is to be completed and signed by each driver assigned to the bus each day.
 The report form is to remain in the bus until submitted to your supervisor once a week.
 All defects must be reported, using organizational policy and procedures.

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| MONDAY | |
| DR. NO. 1 SIG. | _____ |
| DR. NO. 2 SIG. | _____ |
| DR. NO. 3 SIG. | _____ |

| | |
|----------------|-------|
| TUESDAY | |
| DR. NO. 1 SIG. | _____ |
| DR. NO. 2 SIG. | _____ |
| DR. NO. 3 SIG. | _____ |

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|----------------|-------|
| WEDNESDAY | |
| DR. NO. 1 SIG. | _____ |
| DR. NO. 2 SIG. | _____ |
| DR. NO. 3 SIG. | _____ |

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|----------------|-------|
| THURSDAY | |
| DR. NO. 1 SIG. | _____ |
| DR. NO. 2 SIG. | _____ |
| DR. NO. 3 SIG. | _____ |

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|----------------|-------|
| FRIDAY | |
| DR. NO. 1 SIG. | _____ |
| DR. NO. 2 SIG. | _____ |
| DR. NO. 3 SIG. | _____ |

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|----------------|-------|
| SATURDAY | |
| DR. NO. 1 SIG. | _____ |
| DR. NO. 2 SIG. | _____ |
| DR. NO. 3 SIG. | _____ |

| | |
|----------------|-------|
| SUNDAY | |
| DR. NO. 1 SIG. | _____ |
| DR. NO. 2 SIG. | _____ |
| DR. NO. 3 SIG. | _____ |

| " " IF OKAY "X" NEED ATTENTION | DAILY DATE: | | | | | | | | | | | | | | | | | | | | |
|---|-------------|----|----|---------|----|----|-----------|----|----|----------|----|----|--------|----|----|----------|----|----|--------|----|----|
| | MONDAY | | | TUESDAY | | | WEDNESDAY | | | THURSDAY | | | FRIDAY | | | SATURDAY | | | SUNDAY | | |
| | D1 | D2 | D3 | D1 | D2 | D3 | D1 | D2 | D3 | D1 | D2 | D3 | D1 | D2 | D3 | D1 | D2 | D3 | D1 | D2 | D3 |
| 1. Water, oil, and fluid leaks | | | | | | | | | | | | | | | | | | | | | |
| 2. Condition of belts and hoses | | | | | | | | | | | | | | | | | | | | | |
| 3. All gauges, indicators, & warning devices | | | | | | | | | | | | | | | | | | | | | |
| 4. Required certificates | | | | | | | | | | | | | | | | | | | | | |
| 5. Horns | | | | | | | | | | | | | | | | | | | | | |
| 6. Driver's seat & seat belts | | | | | | | | | | | | | | | | | | | | | |
| 7. All doors, door emergency release, & windows | | | | | | | | | | | | | | | | | | | | | |
| 8. All seats, handrails, & modesty panels | | | | | | | | | | | | | | | | | | | | | |
| 9. Interior and exterior lighting system | | | | | | | | | | | | | | | | | | | | | |
| 10. All heating, cooling, & ventilating systems | | | | | | | | | | | | | | | | | | | | | |
| 11. All glass and mirrors | | | | | | | | | | | | | | | | | | | | | |
| 12. Windshield wipers and washers | | | | | | | | | | | | | | | | | | | | | |
| 13. All required emergency equipment | | | | | | | | | | | | | | | | | | | | | |
| 14. Tires (pressure and condition) | | | | | | | | | | | | | | | | | | | | | |
| 15. Wheels (lug nuts, grease seals, etc.) | | | | | | | | | | | | | | | | | | | | | |
| 16. Exhaust system | | | | | | | | | | | | | | | | | | | | | |
| 17. Other (unreported body damage, etc.) | | | | | | | | | | | | | | | | | | | | | |
| <u>BRAKES</u> | | | | | | | | | | | | | | | | | | | | | |
| 18. Air governor cut-in and cut-out pressure | | | | | | | | | | | | | | | | | | | | | |
| 19. Static air pressure loss | | | | | | | | | | | | | | | | | | | | | |
| 20. Applied brake pressure loss | | | | | | | | | | | | | | | | | | | | | |
| 21. Low air pressure warning devices | | | | | | | | | | | | | | | | | | | | | |
| 22. Emergency stopping systems | | | | | | | | | | | | | | | | | | | | | |
| 23. Parking brake check | | | | | | | | | | | | | | | | | | | | | |
| 24. Antiskid device (if equipped) | | | | | | | | | | | | | | | | | | | | | |
| 25. Hydraulic assist (if applicable) | | | | | | | | | | | | | | | | | | | | | |
| 26. Vacuum check (legal requirements) | | | | | | | | | | | | | | | | | | | | | |
| 27. Low vacuum warning devices | | | | | | | | | | | | | | | | | | | | | |
| 28. Check brake pedal for adjustment | | | | | | | | | | | | | | | | | | | | | |
| 29. Special education equipment | | | | | | | | | | | | | | | | | | | | | |
| 30. | | | | | | | | | | | | | | | | | | | | | |

I have inspected this bus and found it to be in safe operating condition on the date indicated.
 Driver is to sign in the appropriate box to the right.

REVIEWED BY: _____

TITLE: _____