TRANSPORTATION DEPARTMENT
DAILY PRE-TRIP INSPECTION FORM

Assigned Driver: _____ **Bus #:** _____

Beginning Mileage: _____ **Ending Mileage:** _____

IT IS THE DRIVER'S RESPONSIBILITY TO MAKE A PLANNED AND SYSTEMATIC INSPECTION OF THE BUS BEFORE EACH TRIP

√ = OK x = NEED REPAIR (shop must be notified on Drivers Maintenance/Defect Report)

	1		2		3		4		5		6		7		8		9		10		11		12		13		14		15	
DAILY ROUTES	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Fuel																														
Oil																														
Coolant																														
Tires																														
Seats																														
Emergency Exits/Front Door																														
Windows/Mirrors																														
All Gauges																														
Windshield/Wipers																														
Lights																														
Turn Signals																														
Steering/Horn																														
8-way Lights																														
Stop Arm																														
Crossing Gate																														
Leakage																														
Parking Brake																														
Low AP Warning																														
Service Brake																														
Bus Exterior																														
Reflectors																														
First Aid Kit																														
Fire Extinguisher																														
Emergency Triangles																														
Child Reminder/Post Trip																														
Driver's Initial																														

TRANSPORTATION DEPARTMENT
DAILY PRE-TRIP INSPECTION FORM

	16		17		18		19		20		21		22		23		24		25		26		27		28		29		30		31	
DAILY ROUTES	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Fuel																																
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Submit form to your District Manager on the last working day of each month. This form will be maintained on file in case of a bus accident, verifying a pre-trip inspection was performed.
Note: Indicate in the appropriate column if the bus was not driven for any reason. Please initial each day to verify you're a.m. and p.m. inspection.

I CERTIFY BUS INSPECTIONS WERE PERFORMED AND THAT REPORT
IS ACCURATE TO THE BEST OF MY KNOWLEDGE

Driver's Signature Date

District Manager's Signature Date