

NON-SCHOOL BUS PASSENGER VEHICLE PRE-TRIP INSPECTION							
This form shall be turned in daily if any deficiency is noted. If no deficiency is noted, the form shall be turned in weekly.							
Driver Name (Printed):		District:		Vehicle #:			
Driver Signature:		School:		Date of Report:			
Sun __ Date _____ Miles _____ Safe ____ No ____							
Mon __ Date _____ Miles _____ Safe ____ No ____		Inspector Name (Printed):					
Tue __ Date _____ Miles _____ Safe ____ No ____							
Wed __ Date _____ Miles _____ Safe ____ No ____		Inspector Signature (required if turned in for a deficiency):					
Thu __ Date _____ Miles _____ Safe ____ No ____							
Fri __ Date _____ Miles _____ Safe ____ No ____		Date Vehicle Returned to Service by Inspector:					
Sat __ Date _____ Miles _____ Safe ____ No ____							
The following items shall be inspected:							
Vehicle Walk Around		Passenger Compartment		Emergency Equipment		Notes/Comments:	
	Front Wheel Inspection		Seats & Floor Damage		Fire Extinguisher	Driver:	
	Rear Wheel Inspection		Seatbelts & Child Safety Restraint Systems		First Aid Kit		
	Body Damage		Rear View Mirror		Seatbelt Cutter		
	Mirrors				Body Fluid Kit		
	Windshield/Windows						
External Inspection			Engine Start-up	Special Equipment-if equipped		Inspector:	
	Wipers/Washers		No Warning Lights		Wheelchair Lift & Door		
	Brake Lights		Dash Lights		Wheelchair Floor Tracks		
	Left/Right Turn Signals		Anti-lock Braking System		Wheelchair Tie Downs		
	Running Lights		Heater/Air Conditioner		Vinyl Emergency Ramp		
	4-Way Hazard Lights		Dome Lights				
	License Plate Lights		Head Lights (Hi/Low)				
	Fuel Tank/Fuel Cap		Steering Wheel Play				
	Railroad Crossing & Vehicle Used to Transport School Children Decal		Horn				
			Parking Brake				
			Service Brake				