

# SCHOOL BUS PRE-TRIP INSPECTION REPORT

District / Carrier \_\_\_\_\_ Date \_\_\_\_\_

Bus Number \_\_\_\_\_ Starting Mileage \_\_\_\_\_ Ending Mileage \_\_\_\_\_

Driver Name / Driver Designee \_\_\_\_\_

	CHECKED			CHECKED	
	Ok	Defect		Ok	Defect
<b>ENGINE COMPARTMENT:</b> <b>***Hood MUST be opened***</b> Oil level <input type="checkbox"/> <input type="checkbox"/> Auto transmission fluid level <input type="checkbox"/> <input type="checkbox"/> Alternator <input type="checkbox"/> <input type="checkbox"/> Belts and hoses <input type="checkbox"/> <input type="checkbox"/> Coolant level <input type="checkbox"/> <input type="checkbox"/> Water pump <input type="checkbox"/> <input type="checkbox"/> Air compressor (air brakes) <input type="checkbox"/> <input type="checkbox"/> Master cylinder (hydraulic) <input type="checkbox"/> <input type="checkbox"/> Check for leaks <input type="checkbox"/> <input type="checkbox"/> Steering gear box & hoses <input type="checkbox"/> <input type="checkbox"/> Steering linkage (Left/Right) <input type="checkbox"/> <input type="checkbox"/> Power steering fluid <input type="checkbox"/> <input type="checkbox"/>			<b>AIR BRAKE SYSTEM:</b> Air leak check (1 minute test) <input type="checkbox"/> <input type="checkbox"/> Low air warning (buzzer/ light) <input type="checkbox"/> <input type="checkbox"/> Emergency brake system engaged <input type="checkbox"/> <input type="checkbox"/> Parking brake <input type="checkbox"/> <input type="checkbox"/> Service brake <input type="checkbox"/> <input type="checkbox"/>		
<b>EXTERNAL INSPECTION:</b> Lights (signals, stop, headlights, clearance, ID lamps, side markers, license plate lamp, back up lights) <input type="checkbox"/> <input type="checkbox"/> 8 Way lamp system <input type="checkbox"/> <input type="checkbox"/> Entrance door and mirrors <input type="checkbox"/> <input type="checkbox"/> Windshield(s) <input type="checkbox"/> <input type="checkbox"/> Window glass <input type="checkbox"/> <input type="checkbox"/> Reflectors <input type="checkbox"/> <input type="checkbox"/> Fuel tank and cap <input type="checkbox"/> <input type="checkbox"/> Wheel (lugs, rims, spacers, tires) <input type="checkbox"/> <input type="checkbox"/> Wheel flaps (if equipped) <input type="checkbox"/> <input type="checkbox"/> Springs, shock absorbers <input type="checkbox"/> <input type="checkbox"/> Spring mounts (including u-bolts; front & rear axles) <input type="checkbox"/> <input type="checkbox"/> Hub oil seals (front & rear) <input type="checkbox"/> <input type="checkbox"/> Brakes (drums, rotators, linings) <input type="checkbox"/> <input type="checkbox"/> Brakes (Hyd.), ABS indicator <input type="checkbox"/> <input type="checkbox"/> Service, parking, electric assist <input type="checkbox"/> <input type="checkbox"/> Brake (Air), ABS indicator <input type="checkbox"/> <input type="checkbox"/> slack adjusters, chambers, hoses, parking <input type="checkbox"/> <input type="checkbox"/> Drive shaft <input type="checkbox"/> <input type="checkbox"/> Frame <input type="checkbox"/> <input type="checkbox"/> Battery / battery box <input type="checkbox"/> <input type="checkbox"/>			<b>INTERNAL INSPECTION:</b> <b>*Engine running, parking brake applied*</b> Oil pressure builds <input type="checkbox"/> <input type="checkbox"/> Ammeter/voltmeter <input type="checkbox"/> <input type="checkbox"/> Fuses / breakers / <input type="checkbox"/> <input type="checkbox"/> Lighting indicators (turn signal, 4 way flashers, headlamp, brake lamp, park brake lamp, 8 way lamp system check) <input type="checkbox"/> <input type="checkbox"/> Fuel gauge functional <input type="checkbox"/> <input type="checkbox"/> Driver seatbelt <input type="checkbox"/> <input type="checkbox"/> Horn <input type="checkbox"/> <input type="checkbox"/> Heater/defroster <input type="checkbox"/> <input type="checkbox"/> Mirrors properly adjusted <input type="checkbox"/> <input type="checkbox"/> Windshield wipers / washers <input type="checkbox"/> <input type="checkbox"/> Safety/emergency equipment <input type="checkbox"/> <input type="checkbox"/> fire extinguisher <input type="checkbox"/> <input type="checkbox"/> reflective triangles <input type="checkbox"/> <input type="checkbox"/> first aid, body fluids cleanup kits <input type="checkbox"/> <input type="checkbox"/> seat belt cutter - if applicable <input type="checkbox"/> <input type="checkbox"/> Seats <input type="checkbox"/> <input type="checkbox"/>		
			<b>EMERGENCY EXITS:</b> door(s) / latch(s) <input type="checkbox"/> <input type="checkbox"/> windows (operational / buzzer) <input type="checkbox"/> <input type="checkbox"/> roof hatches (operational / buzzer) <input type="checkbox"/> <input type="checkbox"/>		
			<b>WHEELCHAIR – N/A</b> <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:

Repairs completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Revised 6/15

**Independent School District #435  
Waubun, MN 56589**

**Bus Transportation Request/Payment Request**

Date of Trip \_\_\_\_\_  
Group Attending \_\_\_\_\_ Number Attending \_\_\_\_\_  
Destination \_\_\_\_\_  
Description of Event \_\_\_\_\_  
Time Leaving \_\_\_\_\_

Please Check Appropriate Category

Field Trip \_\_\_\_\_ Late Bus \_\_\_\_\_ Athletic \_\_\_\_\_ \*Other \_\_\_\_\_

**This Section to be completed by Teacher/Chaperone**

Name: \_\_\_\_\_  
Will Return at: \_\_\_\_\_  
Comments: \_\_\_\_\_  
Signature: \_\_\_\_\_

**This Section to be completed by Driver**

Drivers Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Driver Signature \_\_\_\_\_

Bus Number: \_\_\_\_\_

School Owned	Contractor Owned	
Driving Time	Waiting Time	Miles
Start _____	Start _____	Starting Mileage _____
Finish _____	Finish _____	Ending Mileage _____
Total Driving _____	Total Wait _____	Total Miles _____

Driver/Contractor to be Paid if Different than above

	Date	Miles	Date	Miles	Date	Miles
Late Bus or Between Buildings						

**\*\*To be completed by Finance Office\*\***

Trip Charge \_\_\_\_\_  
Extra Mileage \_\_\_\_\_  
Waiting Time \_\_\_\_\_  
Sub Total \_\_\_\_\_  
Gas Clause \_\_\_\_\_  
Total Paid \_\_\_\_\_

**\*\* This Report Must be returned to the Superintendent's office at the end of the trip.**