

Daily Vehicle Pre-Trip Inspection

Date: _____

Vehicle #: _____

Bus **OR** Van (Circle One)

Start Odometer: _____

Start Lift Cycle Count: _____

Please check the status of each item below and add a comment for any problem that has been identified. **Any potential safety concerns should be reported to the Field Supervisor immediately.**

Engine/Fluid Levels

Exterior Checks

Interior Checks

OK Problem

- Oil Level
- Radiator Fluid Level
- Windshield Fluid
- Power Steering Fluid
- Obvious Leakage
- Engine Hoses/Belts

Wheelchair Ramp/Lift

- Ramp Operable (Mini van)
- Hand Remote Lift Control (Bus)
- Lift Cycles Properly (Bus)
- Kick Plate Functional (Bus)
- Manual Pump Arm (Bus)
- Lift Doors Operational (Bus)
- Interlock Power Lights (Bus dash)

General Performance

- Brakes
- Transmission/Shifting
- Engine Performance

OK Problem

- Turn Signals
- Headlights
- Tail Lights
- Brake Lights
- Emergency Flashers
- Marker Lights (Bus)
- Wiper Blades
- Cleanliness
- Fluids Leaking Under Bus
- Fresh Body Damage
- Fuel Cap Secured
- Suspension (Not Leaning)
- Tire Condition
- Tire Pressures
- Lug Nuts Not Missing/Loose

Driver Side Tire Pressures

Front _____

Rear _____

Rear Inside (Bus) _____

Passenger Side Tire Pressures

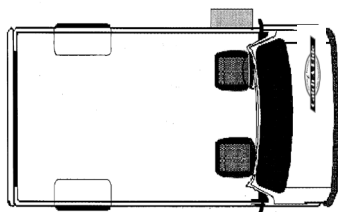
Front _____

Rear _____

Rear Inside (Bus) _____

OK Problem

- Mirrors
- Windshield
- Horn
- Engine Warning Lights
- Parking Brake
- Gear Shift - Check for Ranges
- Accelerator Not Loose/Sticking
- A/C - Heater - Defroster
- Two-Way Radio Functional
- Interior Lights
- Fuel Level
- Seat Belt Cutter
- Wright Express Fuel Card
- Current Insurance Card
- Registration
- Accident/Witness Reports
- Passenger Door Operation
- Fare Box Empty/Locked prior to start
- Seats/Belts Not Damaged/Frayed
- Seatbelt Extensions
- Fire Extinguisher Charged
- First Aid Kit
- Bio Hazard Kit
- Warning Triangles
- Emergency Exit Functional/Signs
- Q-Straint Condition (4 per position)
- Shoulder/Lap Belts & Condition
- Blue Straps (4 per position)
- Door Latch Pins (Bus)
- Flashlight
- Tire Gauge
- Supply Tote & Supplies
- Cleanliness



Please indicate any body damage by placing an "X" on the diagram above in the location of the damage.

Comments:

End Odometer: _____ Vehicle concerns/changes throughout shift? Yes (See Comments) No

Signature certifies that I have completed inspection and the information provided is accurate and complete to the best of my knowledge. Providing false information on this Daily Vehicle Inspection Checklist is grounds for disciplinary action.

Employee Signature

Employee ID #