

Daily Vehicle Pre-Trip Inspection

Date: _____

Vehicle #: _____

Bus OR Van (Circle One)

Start Odometer: _____

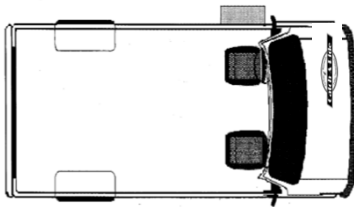
Start Lift Cycle Count: _____

Please check the status of each item below and add a comment for any problem that has been identified. **Any potential safety concerns or fresh body damage should be reported to the DRIVER LINE IMMEDIATELY.**

- Engine/Fluid Levels**
- OK Problem
- Oil Level
 - Radiator Fluid Level
 - Windshield Fluid
 - Power Steering Fluid
 - Transmission Fluid (bus only)
 - Brake Fluid
 - Obvious Leakage
 - Engine Hoses/Belts
 - Battery Terminals Condition

- 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



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

- Exterior Checks**
- OK Problem
- Turn Signals
 - Headlights
 - Tail Lights
 - Brake Lights
 - Emergency Flashers (All)
 - Marker Lights (Bus)
 - Wiper Blades
 - Cleanliness Outside/Inside
 - Fluids Leaking Under Bus
 - Fresh Body Damage
 - Fuel Cap Secured
 - Suspension (Not Leaning)
 - Tire Condition
 - Tire Pressure
 - Lug Nuts Tight/Missing

- Driver Side Tire Pressures**
- Rear _____
 - Rear _____
 - Inside (Bus) _____

- Passenger Side Tire Pressures**
- Front _____
 - Rear _____
 - Rear _____
 - Inside (Bus) _____

- Interior Checks**
- OK Problem
- Flashlight/Tire Gauge
 - Tablet and Charger
 - Seat Belt Cutter
 - Mirrors
 - Windshield
 - Horn
 - Engine Warning Lights
 - Parking Brake
 - Gear Shift - Check for Ranges
 - Accelerator Not Loose/Sticking
 - Fuel Level
 - A/C - Heater - Defroster
 - Interior Lights
 - Passenger Door Operation / Seal
 - Speedway Fuel Card
 - Current Insurance Card
 - Registration
 - First Aid Kit / Bio Hazard Kit
 - Safety Binder Forms/Accident Report
 - Camera and Back up Monitor
 - Tablet Mount
 - Fare Box Empty/Locked @ Start
 - Supply Tote & Supplies
 - Air Compressor/Jumper Cables
 - Warning Triangles
 - Fire Extinguisher Charged
 - Seats/Belts Not Damaged/Frayed
 - Seatbelt Extenders
 - Emergency Exit Functional/Signs
 - Q-Straint Condition (4 per position)
 - Shoulder/Lap Belts & Condition
 - Blue Straps (4 per position)
 - Door Latch Pins (Bus)

Comments:

Vehicle concerns/changes throughout shift?

Yes (See Comments) **No**

End Odometer: _____

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 #