

DAILY INSPECTION REPORT

Date:	Driver's Name	Time: A.M. or P.M. <i>Circle One</i>	Bus #:
Fuel Bus Before and After Your Scheduled Shift	Fuel Bus Before and After Your Scheduled Shift	Mileage Reported at Shift Start	Mileage Reported at End of Shift
Pre-Trip	Post-Trip	General	Check Item of Concern and Detail Below for Mechanics to Address Accordingly
		Engine Noise	
		Leaks	
		Steering System	
		Service Brakes	
		Parking Brakes	
		Rear & Side Mirrors	
		Tires	
		Windows	
		Battery Charge	
		All Lights	
		Turning Signal Lights	
		Fire Extinguisher	
		Emergency Triangle	
		First Aide	
		Seats & Belts	
		Emergency Door Latch	
		Service Door/Steps/Handles	
		Wheelchair Lift, if applicable	
		Horn	
		Gauges	
		Windshield Wipers/Washer	
		Defrost Fans and Heater Fans	
		Air Conditioner	
		Radio-check 2-way	
		Fuel Cap	
Driver's Comments:			
Pre-trip Driver Certification: by signing below, I attest that I have reviewed the previous inspection report and performed a pre-trip maintenance inspection for each item listed above. I have noted those found to have defects.			
No Defects	Defects as Noted	Signature:	
Post-Trip Driver Certification: I have performed a post-trip maintenance inspection for each item listed above and have noted only those found to have defects. I have checked the vehicle for any remaining student's personal property and reported to Security, but must bring back to Transportation Facility and leave with Director by signing below, I attest that I have reviewed the previous inspection report and performed a pre-trip maintenance inspection for each item listed above. I have noted those found to have defects.			
NO Defects	Defects as Noted	Signature:	