



Appendix B1

School Bus Pre-trip Inspection – Type III Vehicles Only

District/Carrier: _____ Date: _____

Driver: _____ Evaluator: _____

	Checked?	
	Yes	No
Mechanical		
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 & hoses	<input type="checkbox"/>	<input type="checkbox"/>
Coolant level	<input type="checkbox"/>	<input type="checkbox"/>
Water pump	<input type="checkbox"/>	<input type="checkbox"/>
Brake master cylinder	<input type="checkbox"/>	<input type="checkbox"/>
Check for leaks	<input type="checkbox"/>	<input type="checkbox"/>
Steering gearbox & hoses	<input type="checkbox"/>	<input type="checkbox"/>
Steering linkage	<input type="checkbox"/>	<input type="checkbox"/>
Power steering pump/fluid level	<input type="checkbox"/>	<input type="checkbox"/>

	Checked?	
	Yes	No
External Inspection		
Lights – Headlamps, signals, clearance, ID, marker, tail, stop, license & backup lamps	<input type="checkbox"/>	<input type="checkbox"/>
Brakes, drums, rotors, linings	<input type="checkbox"/>	<input type="checkbox"/>
Brakes, service	<input type="checkbox"/>	<input type="checkbox"/>
Brakes, parking	<input type="checkbox"/>	<input type="checkbox"/>
Doors & mirrors	<input type="checkbox"/>	<input type="checkbox"/>
Windshield(s)	<input type="checkbox"/>	<input type="checkbox"/>
Window glass	<input type="checkbox"/>	<input type="checkbox"/>
Exhaust	<input type="checkbox"/>	<input type="checkbox"/>
Fuel tank & cap	<input type="checkbox"/>	<input type="checkbox"/>
Wheels – lugs, rims, tires	<input type="checkbox"/>	<input type="checkbox"/>

	Checked?	
	Yes	No
Internal Inspection		
<i>*Engine running, parking brake applied*</i>	<input type="checkbox"/>	<input type="checkbox"/>
Oil pressure builds	<input type="checkbox"/>	<input type="checkbox"/>
Fuses/breakers	<input type="checkbox"/>	<input type="checkbox"/>
Indicator lamps – Turn signal, 4-way, high beam, brake lamp, park brake lamp, other	<input type="checkbox"/>	<input type="checkbox"/>
Fuel gauge functional	<input type="checkbox"/>	<input type="checkbox"/>
Seat belts & child seats	<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"/>
Emergency equipment – Fire extinguisher (min. 10:BC), first aid & body fluid cleanup kits	<input type="checkbox"/>	<input type="checkbox"/>
Seats	<input type="checkbox"/>	<input type="checkbox"/>

	Checked?	
	Yes	No
Wheelchair		
Interlock safety system functional	<input type="checkbox"/>	<input type="checkbox"/>
Lift or ramp functions properly	<input type="checkbox"/>	<input type="checkbox"/>
Seat belts, lap and shoulder	<input type="checkbox"/>	<input type="checkbox"/>
Tiedowns, anchor points	<input type="checkbox"/>	<input type="checkbox"/>

Comments/Additional or remedial training performed:

Evaluator signature: _____ Driver signature: _____