

# Driver's Daily Vehicle Inspection Report – Bus/Motorcoach

Company: \_\_\_\_\_ Driver: \_\_\_\_\_

Bus No: \_\_\_\_\_ Trip Date(s): \_\_\_\_\_ Ending Mileage: \_\_\_\_\_

**Pr = Pre-trip Po = Post-trip NR = Needs Repair**  
CHECK ANY DEFECTIVE ITEMS & PROVIDE DETAILS UNDER REMARKS

Starting Mileage: \_\_\_\_\_

Total Mileage: \_\_\_\_\_

**GENERAL EXTERIOR/ENGINE COMPARTMENT**

Pr Po NR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Fluid Leaks Under Bus <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Coupling Devices <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Loose Wired, Hose Connections	Pr Po NR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Belts in Engine Compartment <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Oil Level <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Radiator Coolant Level	Pr Po NR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Battery <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other: _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other: _____
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**INTERIOR/DRIVER AREA**

Pr Po NR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Transmission <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Unusual Engine Noise <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Gauges & Warning Lights <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Switches <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Horn <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Fans & Defrosters <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Wipers & Washers <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Stop Arm Control (Warning Control) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Inside & Outside Mirrors	Pr Po NR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Brake Pedal & Warning Light <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Operation of Service Door <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Emergency Equipment <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> First Aid Kit <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Entrance Steps <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Cleanliness of Interior <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Condition of Floor <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Emergency Door & Buzzer <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Headlights & 4-Way Flashers	Pr Po NR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Driver's Seat & Belt <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Directional Lights <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Parking Brake & Service Brakes <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Clutch <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Steering <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Wheelchair Lift <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other: _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other: _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other: _____
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**EXTERIOR VISUAL/WALK-AROUND**

<b>Front:</b> Pr Po NR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Lights, Flashers & Reflectors <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Right Tire, Rim & Wheel Assembly <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Windshield <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Left Tire, Rim & Wheel Assembly  <b>Left:</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Stop Arm (School Bus) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Exhaust System <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Windows <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Lights & Reflectors	<b>Rear:</b> Pr Po NR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Left Tires, Rims & Wheel Assembly <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Windows <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Lights, Flashers & Reflectors <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Tail Pipe <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Right Tires, Rims & Wheel Assembly  <b>Right:</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Windows <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Lights & Reflectors	<b>Wheelchair Lift:</b> <input type="checkbox"/> N/A Pr Po NR <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Special Service Door <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Door Warning Mechanism <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Posted Decals - Warning <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Control Mechanism <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Lift Operation <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Protective Padding <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Manual Pump Handle <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other: _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Other: _____
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**REMARKS:**  
 \_\_\_\_\_  
 \_\_\_\_\_

**CONDITION OF ABOVE VEHICLE IS:**     **SATISFACTORY**     **UNSATISFACTORY**

Driver Signature: \_\_\_\_\_

**MECHANIC'S COMMENTS:**  
 \_\_\_\_\_  
 \_\_\_\_\_

ABOVE DEFECTS CORRECTED  
 ABOVE DEFECTS NEED NOT BE CORRECTED FOR SAFE OPERATION OF VEHICLE

Mechanic Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Driver Signature: \_\_\_\_\_ Date: \_\_\_\_\_