

Bus Pre-Trip Inspection Checklist Form

Driver Name

Date

Bus Number

Odometer Reading

Inspection Item	Pass	Fail	Remarks
Exterior Lights (headlights, turn signals, brake lights)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Mirrors and Glass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Tires and Wheels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Horn	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Windshield Wipers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Emergency Equipment (extinguisher, first aid kit)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Brakes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Fluid Levels (oil, coolant, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Doors & Seats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Additional Comments

Driver's Signature

Time