

ITEMS TO BE CHECKED <i>(Circle items applicable to your vehicle type only)</i>	
1	CLEANLINESS/DAMAGE/MISSING ITEMS (Interior/Exterior) UNUSUAL NOISE OR OCCURRENCE (During operation)
2	LEAKS/FLUID LEVELS (Visually check for any leaks/check oil/coolant/hydraulic/transmission/brake fluid)
3	SAFETY DEVICES (Wiring/lights/horn/warning devices/sirens/reflectors/mirrors/seat belts)
4	BATTERIES (Fluid/damage/cleanliness/security)
5	DRIVE BELTS (Fraying/ cracking/ tension) PULLY / MOTOR (Air / hydraulic / electrical)
6	STEERING/ SPRINGS (Free play/ excessive wear)
7	INSTRUMENTS/GAUGES (Operation & readings)
8	EXHAUST SYSTEM (Damage/ leaks)
9	TIRES/ WHEELS (Lug nuts/ cracks/tire pressure)
10	HEATER/ DEFROSTER/ AIR-CONDITIONER
11	BRAKES (Servicing-Parking)/ CLUTCHES (Operate)/ ACCELERATOR PEDAL (Damage/worn)
12	WINDSHIELD (Wipers/ washer fluid/ cracks)
13	HYDRAULIC HOSES (Damage/ frayed)/ CYLINDERS/ VALVES (Damage/leaks)
14	MARKINGS-CHECK LEGIBILITY ("This vehicle is being used to transport school children")
15	SEAT BELTS (Each seating position has one and all are operational)
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OPERATOR'S INSPECTION GUIDE AND TROUBLE REPORT <i>(For use with all Registered Vehicle Equipment except Refueling Vehicles and Equipment)</i>				MONTH/YEAR	
VEHICLE TYPE		VIN NO.			
DISTRICT NAME			PHONE NO.		
VEHICLE ASSIGNED TO: (NAME OF PERSON)				PHONE NO.	
OPERATOR'S SIGNATURE SIGNIFIES ACCOMPLISHMENT OF CHECKS <i>(LAST NAME ONLY REQUIRED)</i>					
DAY	SHIFT/SIGNATURE	DAY	SHIFT/SIGNATURE	DAY	SHIFT/SIGNATURE
1		11		21	
2		12		22	
3		13		23	
4		14		24	
5		15		25	
6		16		26	
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