

COMPANY: _____

Bus No: _____

Enter the appropriate inspection codes for each trip taken.

= Good **X** = Questionable **0** = Defective

*If (X) or (0) is entered for any item, please explain in comments section below.

IF THERE IS A SERIOUS PROBLEM - NOTIFY A MECHANIC IMMEDIATELY

Date: _____

Ending Mileage: _____

Starting Mileage: _____

Total Mileage: _____

Gallons of Fuel: _____

DRIVER: _____

SCHOOL BUS

	TRIP			DRIVER AREA	TRIP			EXTERIOR	TRIP		
	PRE	MID	POST		PRE	MID	POST		PRE	MID	POST
Leaks				Interior / Gauge Lights				Rear View Mirrors			
Bus Level				Horn				Pedestrian Mirrors			
ENGINE COMPARTMENT				Air Press. Gauge / Loss				Wheels & Tires			
Loose / Broken Parts				Wig-Wag				Body & Paint Damage			
Wires, Hoses & Belts				Fuel Gauge				Windows / Windshield			
Water / Coolant				Oil Pressure Gauge				Battery Box / Batteries			
Engine Oil				Water Temp. Gauge				Exhaust System			
Transmission Fluid				Ammeter & Voltmeter				Fuel Cap			
W/S Washer Fluid				Speedometer / Tach.				Emergency Doors			
INTERIOR				Windshield Wipers				Headlights (Hi/Low)			
Fire Extinguisher				Windshield Washer				Clearance / Marker Lts.			
Reflectors				Defroster Fans				Sign Lights			
First Aid Kit				Heater Fans				Back-up Lights / Beeper			
Interior Mirrors				Vandal Locks / Buzzers				Stop Lights / Reflectors			
Sunvisor				Mirror Adjustments				Turn Signals & 4-ways			
Seat Cushions / Frames				Two-way Radio Check				License Plate Lights			
Seat Belts				Ignition				Red & Yellow Lights			
Seat Belt Cutter				Clutch				Stop Sign / Cross Arms			
Emerg. Doors / Hatches				Hyd. Brake / Pedal Fade				WHEELCHAIR			
Emergency Windows				Steering Mechanism				Special Service Door			
Service Door & Steps				Cleanliness				Door Warning Mechanism			
Handrail				Other				Posted Decals-Warnings			
I HAVE REVIEWED THE PREVIOUS DVIR, PERFORMED A PRE-TRIP INSPECTION, AND FIND: NO DEFECTS <input type="checkbox"/> DEFECTS AS RECORDED <input type="checkbox"/>								Control Mechanism			
PRE-TRIP SIGNATURE: _____								Lift Operation			
DRIVER'S COMMENTS: _____								Protective Padding			
_____								Manual Pump Handle			
_____								Other			
I HAVE PERFORMED A POST-TRIP INSPECTION, CHECKED FOR PERSONS AND LOST ARTICLES, AND FIND: NO DEFECTS <input type="checkbox"/> DEFECTS AS RECORDED <input type="checkbox"/>								Brake Test Service			
POST-TRIP SIGNATURE: _____								Brake Test Emergency			
_____								Other			

MECHANIC'S COMMENTS: _____

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

MECHANIC'S SIGNATURE: _____ DATE: _____

RESERVED FOR NEXT DRIVER REVIEWING DVIR: SIGNATURE: _____ DATE: _____

ORIGINAL