

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: _____

MOTOR COACH

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

I HAVE PERFORMED A POST-TRIP INSPECTION, CHECKED FOR PERSONS AND LOST ARTICLES, AND FIND:
NO DEFECTS DEFECTS AS RECORDED

POST-TRIP SIGNATURE: _____

MECHANIC'S COMMENTS: _____

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

MECHANIC'S SIGNATURE: _____ DATE: _____