**Appendix E.2**

**(AGENCY NAME) Pre-Trip Inspection Checklist**

Driver: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Vehicle # \_\_\_\_\_\_\_\_\_Beginning Mileage:\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_

Instructions: Inspect each item below on the vehicle:

* Place a **√**  if the status is OK.
* Circle the item if the status is defective, and report the problem in the “Problem Report” section below.

***Engine/Fluid Levels***

\_\_\_Fuel Level

\_\_\_Oil Level/Pressure

\_\_\_Transmission Fluid Level

\_\_\_Power Steering Fluid Level

\_\_\_Brake Fluid Level

\_\_\_Battery Charge

\_\_\_Windshield Wiper Fluid

\_\_\_Radiator Fluid Level

\_\_\_Fluids Leaking Under Bus

\_\_\_Engine Warning Lights

\_\_\_Other

**Does any problem circled require the vehicle to be taken out of service?**

**YES / NO**

**Has a Supervisor been notified? YES / NO**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Interior Checks***

\_\_\_Mirrors

\_\_\_Windshield Wipers

\_\_\_Horn

\_\_\_Parking Brake

\_\_\_Fans/Defroster

\_\_\_Heater/Air Conditioning

\_\_\_Radio Equipment/Cellphone

\_\_\_Passenger Door Operation

\_\_\_Interior Lights

\_\_\_Driver Seat & Belts

\_\_\_Passenger Seats

\_\_\_Cycle Wheelchair Lift

\_\_\_W/C Securing Ties/Devices

\_\_\_First Aid Kit

\_\_\_Fire Extinguisher

\_\_\_Other Emergency Gear

\_\_\_Destination Signbox

\_\_\_Farebox

\_\_\_Windows Clean?

\_\_\_Interior Clean?

\_\_\_Waste receptacle emptied?

\_\_\_Other

***Exterior Checks***

\_\_\_Headlights (hi/low)

\_\_\_Fog lamps/hazard lamps

\_\_\_Windshield condition

\_\_\_Directional Signals frt/rear

\_\_\_Tail lights/running lights

\_\_\_Brake lights/Back-Up Lights

­­\_\_\_Tire condition/air pressure

\_\_\_Lug nuts tight?

\_\_\_Emergency Windows sealed tight

\_\_\_Luggage storage doors & engine compartment panels

\_\_\_Exterior clean?

\_\_\_Body condition/scratches/ dings/dents

\_\_\_Other

**Problem Report** (Describe all problem areas circled above): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Maintenance Work Order Issued? YES / NO Work Order No. \_\_\_\_\_\_\_\_\_\_\_ Date Opened: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Vehicle Returned to Service: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mechanic Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Remarks: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(AGENCY NAME) Post-Trip Inspection Report**

Driver: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Vehicle # \_\_\_\_\_\_\_\_\_Ending Mileage:\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_

Instructions:

* Place a **√**  on “Vehicle OK” if the status is good and no significant problems occurred.
* Circle the item in the “Post-Trip Problems” section below if a problem with the vehicle occurred.

**\_\_\_ Vehicle OK – no problems encountered or observed Drivers Initials: \_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Post-Trip Problems** | | For any problems: **X** in the space provided, and circle the item; add further description in bottom row. | | | | |
| ***Brakes*** | \_\_Mushy | \_\_Noisy or Squeaky | \_\_Grab | \_\_Emergency Brake Loose | \_\_Pull Left | \_\_Pull Right |
| ***Lights*** | \_\_Headlight | \_\_Turn Signal | \_\_Interior | \_\_Dash | \_\_Entrance | \_\_Tail/Brake |
| ***Noise*** | \_\_Left Front | \_\_Right Front | \_\_Left Rear | \_\_Right Rear | \_\_Engine | \_\_Transmission |
| ***Engine & Drive Train*** | \_\_Engine Overheats | \_\_Starts Hard, Won’t Turn Over | \_\_Misses Stroke or Stalls in Idle | \_\_Shifts Hard, Jumpy | \_\_No or Delayed Acceleration | \_\_Shudders & Diesels When Turned Off |
| ***Steering & Wheel Alignment*** | \_\_Hard to Turn or Steer | \_\_Steering Wheel Shimmies | \_\_Too Much Play in Steering Wheel | \_\_Wheel Alignment Pulls Right | \_\_Wheel Alignment Pulls Left | \_\_Ride Feels Too Bumpy |
| ***Exterior (Including Doors)*** | \_\_Front Damage | \_\_Rear Damage | \_\_Left Side Damage | \_\_Right Side Damage | **NOTE: If Vehicle is damaged, also complete chart on next page** | |
| ***Interior*** | \_\_Heating/AC | \_\_Defroster | \_\_Doors / Door Opener | \_\_Windows | \_\_Seats | \_\_Floors |
| ***Misc.*** | \_\_Radio or P.A. System Out | \_\_Fumes/Odor Complaints | \_\_Fans Not Working | \_\_Wheelchair Lift | \_\_Smoky Exhaust | \_\_Signbox |
| ***Describe:*** |  | | | | | |

***Corrective Actions:***

Date Entered Shop: \_\_\_\_\_\_\_\_\_\_\_\_ Work Order No. \_\_\_\_\_\_\_\_\_\_ Mechanic Assigned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Vehicle Returned to Service: \_\_\_\_\_\_\_\_\_\_\_\_ Mechanic Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Remarks: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Vehicle Exterior Damage Chart (Required if Exterior Damage is Reported)**

Driver: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Vehicle # \_\_\_\_\_\_\_\_\_Ending Mileage:\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_

On the illustrations below, locate and note any body damage or problems using the following code: **X** dents or scratches; indicate any other damage by circling the area and then describe the damage in the space provided below the chart:

***RIGHT SIDE***

***LEFT SIDE***

***FRONT SIDE***

***BACK SIDE***

Explanation of damage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Drivers Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Verified By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_