

## 30 DAY SCHOOL BUS INSPECTION WORK SHEET

ORDER # \_\_\_\_\_

MILEAGE \_\_\_\_\_

BUS NO. \_\_\_\_\_ MAKE \_\_\_\_\_ MODEL \_\_\_\_\_ SCHOOL \_\_\_\_\_ DATE \_\_\_\_\_

OK	Items Inspected	Needs Repairs	OK	Items Inspected	Needs Repairs
(1) _____	Steering: Fluid Added _____	_____	(24) _____	Seats: All covers, foam pads, frames (seat cushions secure)	_____
(2) _____	Brake, Foot (Check & Adjust)	_____	(25) _____	Seat Belts (All)	_____
(3) _____	Clean Slacks w/wire brush	_____	(26) _____	Exhaust System	_____
(4) _____	Drain Air Tanks Completely	_____	(27) _____	Cooling System: Added _____	_____
(5) _____	Brake: Fluid Added _____	_____	(28) _____	A. Freeze Protection _____°	_____
(6) _____	Brake, Park (Check & Adjust)	_____	(29) _____	Engine: Oil Added _____	_____
(7) _____	Stop Sign & Walking Arm	_____	(30) _____	Drain Fuel Water Separator	_____
(8) _____	Batteries & Cables	_____	(31) _____	Engine Belts (Adjust All)	_____
(9) _____	Tires: LF _____ RF _____ LRO _____ LRI _____ (Record Air Pressure) RRO _____ RRI _____	_____	(32) _____	Transmission: Fluid Added _____	_____
(10) _____	Tires: LF _____ RF _____ LRO _____ LRI _____ (Record Tread Depth) RRO _____ RRI _____	_____	(33) _____	Drive Shaft	_____
(11) _____	Entrance Steps & Handrails	_____	(34) _____	Differential: Lube Added _____	_____
(12) _____	Door Controls (All)	_____	(35) _____	Springs and Hangers	_____
(13) _____	Warning Buzzers (All)	_____	(36) _____	Lettering & Paint	_____
(14) _____	Bus Body Glass (All)	_____	(37) _____	Body & Sheet Metal Damage	_____
(15) _____	Windshield Wipers (Arm Travel) Washer Fluid Added _____	_____	(38) _____	Wheel Chair Mounts (If equipped)	_____
(16) _____	Sun Visor	_____	(39) _____	Wheel Chair Lift (If equipped)	_____
(17) _____	Horn	_____	(40) _____	Governor _____ MPH (maximum)	_____
(18) _____	Lights (All)	_____	(41) _____	Check Travel Angle	_____
(19) _____	Turn Signals & Cancellation	_____	(42) _____	Brake, Stroke Measurement LF _____ RF _____ LR _____ RR _____	_____
(20) _____	Mirrors (All)	_____	(43) _____	<b>ROAD TEST COMPLETED</b>	_____
(21) _____	Dash Instruments (All)	_____	(44) _____	Brake meter test reading _____% (Optional)	_____
(22) _____	Clean: Int. _____ Ext. _____	_____			
(23) _____	Fire Ext. _____ First Aid Kit _____  Body Fluid Kit _____	_____			

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

Record labor to nearest tenth hour Labor Hours \_\_\_\_\_ Mech. # \_\_\_\_\_ Labor Hours \_\_\_\_\_ Mech. # \_\_\_\_\_  
*Brake Adjustment: Labor Hours \_\_\_\_\_ Mech# \_\_\_\_\_ VMRS 013-001*

Mechanic's Signature \_\_\_\_\_