



Appendix B

School Bus Pre-trip Inspection

District/Carrier: \_\_\_\_\_ Date: \_\_\_\_\_

Driver: \_\_\_\_\_ Evaluator: \_\_\_\_\_

	Checked?	
	Yes	No
<b>Engine Compartment</b>		
Oil level	<input type="checkbox"/>	<input type="checkbox"/>
Auto transmission fluid level	<input type="checkbox"/>	<input type="checkbox"/>
Alternator	<input type="checkbox"/>	<input type="checkbox"/>
Belts & hoses	<input type="checkbox"/>	<input type="checkbox"/>
Coolant level	<input type="checkbox"/>	<input type="checkbox"/>
Water pump	<input type="checkbox"/>	<input type="checkbox"/>
Air compressor (air brakes)	<input type="checkbox"/>	<input type="checkbox"/>
Master cylinder (hydraulic)	<input type="checkbox"/>	<input type="checkbox"/>
Check for leaks	<input type="checkbox"/>	<input type="checkbox"/>
Steering gearbox & hoses	<input type="checkbox"/>	<input type="checkbox"/>
Steering linkage	<input type="checkbox"/>	<input type="checkbox"/>
Power steering fluid level	<input type="checkbox"/>	<input type="checkbox"/>

<b>External Inspection</b>		
Lights – Headlamps, signals, clearance, ID, marker, tail, stop, license & backup lamps	<input type="checkbox"/>	<input type="checkbox"/>
8-way lamp system	<input type="checkbox"/>	<input type="checkbox"/>
Entrance door & mirrors	<input type="checkbox"/>	<input type="checkbox"/>
Windshield(s)	<input type="checkbox"/>	<input type="checkbox"/>
Window glass	<input type="checkbox"/>	<input type="checkbox"/>
Reflectors	<input type="checkbox"/>	<input type="checkbox"/>
Fuel tank & cap	<input type="checkbox"/>	<input type="checkbox"/>
Wheel – lugs, rims, spacers, tires	<input type="checkbox"/>	<input type="checkbox"/>
Wheel flaps, if equipped	<input type="checkbox"/>	<input type="checkbox"/>
Springs, shock absorbers	<input type="checkbox"/>	<input type="checkbox"/>
Spring mounts – U-bolts, F & R axles	<input type="checkbox"/>	<input type="checkbox"/>
Hub oil seals – F & R	<input type="checkbox"/>	<input type="checkbox"/>
Brakes – drums, rotors, linings	<input type="checkbox"/>	<input type="checkbox"/>
Brakes, Hydraulic Service, parking, electric assist	<input type="checkbox"/>	<input type="checkbox"/>
Brakes, Air – Slack adjusters, chambers, hoses, parking	<input type="checkbox"/>	<input type="checkbox"/>
Drive shaft	<input type="checkbox"/>	<input type="checkbox"/>
Frame	<input type="checkbox"/>	<input type="checkbox"/>

	Checked?	
	Yes	No
<b>Air Brake System</b>		
Air leak check – 1 minute test	<input type="checkbox"/>	<input type="checkbox"/>
Low air warning – buzzer/light	<input type="checkbox"/>	<input type="checkbox"/>
Emergency brake system engaged	<input type="checkbox"/>	<input type="checkbox"/>
Parking brake	<input type="checkbox"/>	<input type="checkbox"/>
Service brake	<input type="checkbox"/>	<input type="checkbox"/>

<b>Internal Inspection</b>		
<i>*Engine running, parking brake applied*</i>	<input type="checkbox"/>	<input type="checkbox"/>
Oil pressure builds	<input type="checkbox"/>	<input type="checkbox"/>
Ammeter/voltmeter	<input type="checkbox"/>	<input type="checkbox"/>
Fuses/breakers	<input type="checkbox"/>	<input type="checkbox"/>
Indicator lamps – Turn signal, 4-way, high beam, brake lamp, park brake lamp, 8-way system check	<input type="checkbox"/>	<input type="checkbox"/>
Fuel gauge functional	<input type="checkbox"/>	<input type="checkbox"/>
Driver seat belt	<input type="checkbox"/>	<input type="checkbox"/>
Horn	<input type="checkbox"/>	<input type="checkbox"/>
Heater/defroster	<input type="checkbox"/>	<input type="checkbox"/>
Mirrors properly adjusted	<input type="checkbox"/>	<input type="checkbox"/>
Windshield wipers/washers	<input type="checkbox"/>	<input type="checkbox"/>
Emergency equipment – Fire extinguisher, reflector kit, first aid & body fluid cleanup kits, seat belt cutter(s)	<input type="checkbox"/>	<input type="checkbox"/>
Seats	<input type="checkbox"/>	<input type="checkbox"/>

<b>Emergency Exits</b>		
Doors/latches	<input type="checkbox"/>	<input type="checkbox"/>
Windows – operational/buzzers	<input type="checkbox"/>	<input type="checkbox"/>
Roof hatches – operational/buzzers	<input type="checkbox"/>	<input type="checkbox"/>

<b>Wheelchair</b> Anchor points, belt, straps, lift inspection, interlock safety system functional	<input type="checkbox"/>	<input type="checkbox"/>
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Comments/Additional or remedial training performed:

Evaluator signature: \_\_\_\_\_ Driver signature: \_\_\_\_\_

This is the only form approved by the Minnesota State Patrol

Reset Form