

SACRAMENTO CITY UNIFIED SCHOOL DISTRICT

TRANSPORTATION SERVICES DEPARTMENT

Daily Pre-Trip Inspection Report (TRA-F003)

= O.K.

= Needs repair

Leave blank if not equipped

Beginning mileage: _____

Driver: _____

Ending mileage: _____

Date: _____

Bus #: _____

<p>ENGINE COMPARTMENT:</p> <p><input type="checkbox"/> Coolant <input type="checkbox"/> Oil <input type="checkbox"/> Power steering fluid <input type="checkbox"/> Windshield washer fluid level <input type="checkbox"/> Belts, hoses & wiring <input type="checkbox"/> Heat sensors & red caps (if equipped)</p> <p align="center">PAPERWORK AND EMERGENCY EQUIPEMENT:</p> <p><input type="checkbox"/> Vehicle inspection certificate <input type="checkbox"/> Registration <input type="checkbox"/> Proof of insurance <input type="checkbox"/> First aid kit <input type="checkbox"/> Fire extinguisher <input type="checkbox"/> 3 red reflectors <input type="checkbox"/> Stop sign <input type="checkbox"/> Nitrogen cylinder (if equipped)</p> <p align="center">START ENGINE AND CHECK INSIDE:</p> <p><input type="checkbox"/> Panel lights & gauges <input type="checkbox"/> High beam indicator light <input type="checkbox"/> Left & right turn signal indicator lights <input type="checkbox"/> Hazard indicator lights <input type="checkbox"/> Amber indicator light (if equipped) <input type="checkbox"/> Red light indicator light <input type="checkbox"/> Windshield wipers & washers <input type="checkbox"/> Driver dome & passenger lights <input type="checkbox"/> Strobe indicator light (if equipped)</p>	<p><input type="checkbox"/> Fans (if equipped) <input type="checkbox"/> Heaters & defrosters <input type="checkbox"/> Steering wheel <input type="checkbox"/> Horn (including air horn if equipped) <input type="checkbox"/> Gear shift level & two-way radio <input type="checkbox"/> Service door (open & close) <input type="checkbox"/> Park brake & indicator light <input type="checkbox"/> Service brake (& indicator light if equipped) <input type="checkbox"/> All mirrors & sun visor <input type="checkbox"/> Driver's seat & seat belt <input type="checkbox"/> Steps & step well light <input type="checkbox"/> Emergency exits (audible & visual; lettering) <input type="checkbox"/> Windows <input type="checkbox"/> Modesty panels & handrail <input type="checkbox"/> Passenger seats & floor <input type="checkbox"/> Clean <input type="checkbox"/> Not clean (when will you clean it? _____)</p> <p align="center">ENGINE RUNNING, LIGHTS ARE ON, CHECK OUTSIDE OF BUS:</p> <p><input type="checkbox"/> Flat & cross view mirror(s) & brackets <input type="checkbox"/> Convex mirror(s) (if equipped) <input type="checkbox"/> Strobe light (if equipped) <input type="checkbox"/> Clearance lights <input type="checkbox"/> Lettering & unit numbers <input type="checkbox"/> Amber lights & hoods (if equipped) <input type="checkbox"/> Red light crossovers & hoods <input type="checkbox"/> Windshield <input type="checkbox"/> Headlights (high & low)</p>	<p><input type="checkbox"/> Fog lights (if equipped) <input type="checkbox"/> Left & right turn signals <input type="checkbox"/> Hazard lights <input type="checkbox"/> Parking lights (if equipped) <input type="checkbox"/> License plates & license plate light <input type="checkbox"/> Windows <input type="checkbox"/> Emergency exits <input type="checkbox"/> Reflectors <input type="checkbox"/> Stop arm (if equipped) <input type="checkbox"/> Fire suppression (if equipped) <input type="checkbox"/> Tires & rims <input type="checkbox"/> Tail lights <input type="checkbox"/> Brake lights <input type="checkbox"/> Reverse lights <input type="checkbox"/> Bumpers & exhaust pipe <input type="checkbox"/> Fuel cap <input type="checkbox"/> Wheelchair lift (if equipped) <input type="checkbox"/> Fluid leaks Other _____</p> <p align="center">HYDRAULIC BRAKE INSPECTION:</p> <p><input type="checkbox"/> Hydraulic brakes</p> <p align="center">AIR BRAKE INSPECTION:</p> <p><input type="checkbox"/> Governor cut-in ____ / cut-out ____ <input type="checkbox"/> Static pressure (air loss) ____ <input type="checkbox"/> Applied brake pressure (air loss) ____ <input type="checkbox"/> Low air pressure warning devices ____ <input type="checkbox"/> Emergency stopping system <input type="checkbox"/> Anti-skid device (if equipped)</p>
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Driver's comment: _____

Mechanic's name: _____

Comment: _____

Date: _____