



**Arkansas Division of
Public School Academic
Facilities and Transportation**

SCHOOL BUS PRE-TRIP INSPECTION FORM

This form is to be completed before each route/trip.

(Original must be turned into the Transportation Office.)

Check any defect that may affect the safety of the passengers or result
in mechanical breakdown.

	OK	Needs Attention		OK	Needs Attention
Bus Body			Strobe Light		
Fluid Leaks			Tail Lights		
Steering Wheel Lash			Brake Lights		
Gauges			Turn Signals		
Wipers			8 Way-Light System		
Heater			Stop-Arm Crossing Gate		
Defroster			Exhaust		
Horn			Wheelchair Lift (if applicable)		
Windshield Clear			Restraints (if applicable)		
Brakes:Service, Parking			Seat Belt Cutter (if applicable)		
Mirrors Adjusted			Emergency Equipment		
Tires-Wheels			Fire Extinguisher & Bracket		
Headlights			Safety Triangles		
Clearance Lights			First Aide/Body Fluid Kit		
Seats/Floor			Emergency Exits & Buzzers		

Date: _____

Bus Number: _____

Mileage: _____

AM or PM (Circle)

Driver's Signature: _____

Mechanic's

Comments: _____

Mechanic's Signature: _____

Date Repair Completed: _____