

*Arkansas Department Of Education
School Transportation

SCHOOL BUS INSPECTION FORM
(This form should be used for each of the semi-annual inspections.)

BUS # _____ YEAR _____ MAKE _____ MODEL _____

VIN # _____ INSPECTION STICKER # _____

INSPECTION ITEMS:

COMMENTS:

- | | |
|---|--------------------------------|
| <input type="checkbox"/> FLOOR PLAN | <input type="checkbox"/> _____ |
| <input type="checkbox"/> SEATS | <input type="checkbox"/> _____ |
| <input type="checkbox"/> HORN | <input type="checkbox"/> _____ |
| <input type="checkbox"/> HEATER & DEFROSTER | <input type="checkbox"/> _____ |
| <input type="checkbox"/> WINDSHIELD & WINDOW GLASS | <input type="checkbox"/> _____ |
| <input type="checkbox"/> WINDSHIELD WIPERS | <input type="checkbox"/> _____ |
| <input type="checkbox"/> TURN SIGNALS & INDICATORS | <input type="checkbox"/> _____ |
| <input type="checkbox"/> HEAD LAMPS | <input type="checkbox"/> _____ |
| <input type="checkbox"/> HI BEAM INDICATOR | <input type="checkbox"/> _____ |
| <input type="checkbox"/> TAIL LAMPS | <input type="checkbox"/> _____ |
| <input type="checkbox"/> STOP LAMPS | <input type="checkbox"/> _____ |
| <input type="checkbox"/> SERVICE BRAKE | <input type="checkbox"/> _____ |
| <input type="checkbox"/> PARKING BRAKE | <input type="checkbox"/> _____ |
| <input type="checkbox"/> EMERGENCY PUSHOUT WINDOWS | <input type="checkbox"/> _____ |
| <input type="checkbox"/> EMERGENCY DOORS & MARKING LIGHTS | <input type="checkbox"/> _____ |
| <input type="checkbox"/> CLEARANCE & SIDE MARKER LAMPS | <input type="checkbox"/> _____ |
| <input type="checkbox"/> REFLECTORS (Rear & Side) | <input type="checkbox"/> _____ |
| <input type="checkbox"/> ALL MIRRORS | <input type="checkbox"/> _____ |
| <input type="checkbox"/> FRAME & FRAME ASSEMBLIES | <input type="checkbox"/> _____ |
| <input type="checkbox"/> SUSPENSION SYSTEMS | <input type="checkbox"/> _____ |
| <input type="checkbox"/> AXLES & ATTACHING PARTS | <input type="checkbox"/> _____ |
| <input type="checkbox"/> MUFFLER & EXHAUST SYSTEM | <input type="checkbox"/> _____ |
| <input type="checkbox"/> STEERING SYSTEM | <input type="checkbox"/> _____ |
| <input type="checkbox"/> WHEELS & ALIGNMENT | <input type="checkbox"/> _____ |
| <input type="checkbox"/> BODY & SERVICE DOOR | <input type="checkbox"/> _____ |

PASS

FAIL

MECHANIC SIGNATURE: _____ DATE: _____