

First Student

DAILY VEHICLE CONDITION REPORT

DATE: _____

BUS #: _____

LOCATION _____ CITY _____

STATE: _____

DRIVER'S NAME (PRINT):

AM Route No/ Time:

MD Route No/Time:

PM Route No/Time:

Check each box on this form with: - = Blank X = Satisfactory O = Defect NA = Not Applicable

ENGINE COMPARTMENT:				WHEELCHAIR LIFT EQUIPPED				INTERIOR – (Continued)				EXTERIOR – (Continued)			
AM	MD	PM		AM	MD	PM		AM	MD	PM		AM	MD	PM	
			Verify lot person engine/fluid check or				Door Light				Mirrors (adj)				Crossing Arm
			Open hood & check coolant, fluids, oil, washer, hoses, belts, leaks				Lift Operation				Windshield				4-way flashers
ODOMETER READINGS:							Safety strap				Fans				Turn Signals
			Miles PM service due				Tie downs/belt				Heater/ defrosters				8 way flashers
			Date State Inspection due				Car seats/adp. equip				Gear shift lever/clutch				Reflectors
BRAKE SYSTEM CHECK				INTERIOR							Neutral Safety Switch				Stop arm/lights
AM	MD	PM	AIR	AM	MD	PM		AM	MD	PM		AM	MD	PM	
			Service brake test				Enter bus & Check				Interior Lights				Tail lights
			Low air warning light				Loading door				Emergency Doors				Headlights high/low
			Parking brake pops on & holds in gear				Steps, step light				Emergency Window/ Hatch				Brake lights
							Handrail				Open/close/buzzer				Clearance Lights
							Fire Extinguisher				Seat condition/ secured				Windows
							Chock blocks/triangles				Seat belt cutter				Mirrors/windshield
							First Aid Kit				Two Way Radio				Emergency door(s)
							Body Fluid Kit				PA System				Backup lights / alarm
							Accident Kit								Fuel Cap & Tank
							Registration/Ins card				Look under vehicle				Body, paint, lettering
							Driver's seat/belt				Leaks, loose items				Inspection sticker(s)
							Steering mechanism				Tires				School bus/charter sign
							Horn				Wheels, lugs, rims				Battery
							Gauges				Slack adjusters				Other
							Lighting indicators				Exhaust system	AFTER EACH ROUTE			
							Wipers/washer				Axles/ suspension				Sleeping child check

IF YOU HAVE ANY OTHER COMMENTS, PLEASE USE THE BACK OF THIS FORM AND PROMPTLY RETURN TO YOUR LOCAL LEGISLATIVE REPRESENTATIVE. IF ADDITIONAL ASSISTANCE IS NEEDED WITH THIS FORM, YOU MAY ALSO CONTACT YOUR STATE DIRECTOR AT THE INFORMATION PROVIDED BELOW:

Directions: When filling out this form from your computer, please save a copy. Upon completion, forward in an email as an attachment to your Local Legislative Representative.



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