Form TR-II

# SCHOOL BUS PRE-TRIP INSPECTION RECORD

SYSTEM/AGENCY _____

DRIVER NAME _____

BUS NUMBER _____     DATE (Begin) _____     (End) _____

If items **are** operating properly, check ✓. If items **are not** operating properly,
mark **X** and call the Transportation Department.

| SUBSTITUTE DRIVERS DURING MONTH | |
|---|---|
| DATE | SUB DRIVER NAME |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

**DATE**

| ITEMS TO BE CHECKED | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM | AM | PM |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Gallons Fuel | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Qts Oil | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Engine Oil & Coolant | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Belts, Wires, & Hoses | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Windshield & Windows | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tires & Lugs | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Exhaust System | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Brakes & Brake Leaks | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Park or Emergency Brake | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Emergency Exits & Buzzer | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Headlights/Hazard | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pupil Loading Lights | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Stop Arm/Crossing Arm | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Steering Wheel & Horn | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mirrors & Adjustment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Emergency Equipment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Seats & Interior | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Driver's Seat & Belt | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Service Door/Entrance | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Wipers/Washers | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Defroster/Heaters | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gauges/Controls | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fuel Tank/Leaks | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Springs/Shocks | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sub Driver Initials | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Driver Initials | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**I certify that I have observed all official regulations.**

_____
DRIVER SIGNATURE