

MECHANIC'S PUPIL TRANSPORTATION VEHICLE INSPECTION REPORT

This report is included as an *example* and details minimum inspection points. Schools/contractors may include additional inspection points to this report. This form is to be kept in your school records and made available upon request. **This Checklist Indicates Compliance with Rule 92 Inspection Criteria**

District/System:			County District #:	
Vehicle Year:	Make of Chassis:	Make of Body:	Capacity:	VIN No:

	First Quarter Date:		Second Quarter Date:		Third Quarter Date:		Fourth Quarter Date:	
	Approved		Approved		Approved		Approved	
	Yes	No	Yes	No	Yes	No	Yes	No
Brakes								
Steering								
Suspension Components								
Bus Chassis/Frame								
Exhaust System								
Drive Shaft/Differential								
Engine & Fuel System								
Tires/Wheels/Hubs								
Electrical System								
Windshield Wipers								
Bus Interior, Floor, & Seats (buses only)								
Doors, Steps, & Handrail								
Emergency Door/Hatches (buses only)								
Windows								
Heaters, Defrosters								
Mirrors and Bus Exterior								
Lights, Lamps, Signals								
Stop Signal Arm (buses only)								
Emergency Equipment:								
Fire Extinguisher								
First Aid/Body Fluid Kit								
Emergency Reflection								
Wheel Chair Lift Equipment (If equipped)								

MECHANIC'S PUPIL TRANSPORTATION VEHICLE INSPECTION REPORT

First Quarter Approved Not Approved

DESCRIPTION OF ITEMS NOT APPROVED:

This pupil transportation vehicle was inspected by: (Signed) _____ Date: _____
School Appointed Mechanic

Date non-compliant items were corrected: _____
(Signed) _____
School Appointed Mechanic

Second Quarter Approved Not Approved

DESCRIPTION OF ITEMS NOT APPROVED:

This pupil transportation vehicle was inspected by: (Signed) _____ Date: _____
School Appointed Mechanic

Date non-compliant items were corrected: _____
(Signed) _____
School Appointed Mechanic

Third Quarter Approved Not Approved

DESCRIPTION OF ITEMS NOT APPROVED:

This pupil transportation vehicle was inspected by: (Signed) _____ Date: _____
School Appointed Mechanic

Date non-compliant items were corrected: _____ (Signed) _____
School Appointed Mechanic

Fourth Quarter Approved Not Approved

DESCRIPTION OF ITEMS NOT APPROVED:

This pupil transportation vehicle was inspected by: (Signed) _____ Date: _____
School Appointed Mechanic

Date non-compliant items were corrected: _____ (Signed) _____
School Appointed Mechanic