

**EBRPSS
TRANSPORTATION DEPARTMENT
PRE-TRIP AND POST-TRIP INSPECTION CHECK LIST**

Driver: _____ Month: _____ Supervisor: _____

Please mark each day as you check the condition of each item with G - if good, P - if poor.

BUS #	MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	
ODOMETER: BEGINNING OF DAY																					
ODOMETER: END OF DAY																					
DATES:																					
INTERIOR																					
ALL GAUGES																					
ALL LIGHTS																					
FIRST AID KIT																					
STOP ARM CONTROLS																					
FIRE EXTINGUISHER																					
EMERGENCY DOOR / HATCH ALARM																					
2 LISTS OF STUDENTS NAMES																					
TRANSPORTATION MOBILE PHONE																					
EXTERIOR																					
TIRES & LUGS																					
a. RIGHT FRONT																					
b. RIGHT REAR																					
c. LEFT REAR																					
d. LEFT FRONT																					
LIGHTS-CLEAN / WORKING																					
WINDOWS / MIRRORS																					
TURN SIGNALS																					
BRAKE LIGHTS																					
FUEL CAP																					
SCAN FOR LEAKS																					
MECHANICAL																					
BRAKES																					
STEERING																					
RADIO (2-WAY)																					
POST-TRIP INSPECTION																					
TRIP 1- ARTICLES/STUDENTS																					
TRIP 2- ARTICLES/STUDENTS																					
TRIP 3- ARTICLES/STUDENTS																					

My signature indicates that I performed the pre-trip and post-trip inspections at the assigned times. Turn in to your supervisor within five(5) days after the end of each month.

Driver's Signature _____