



School Bus Post-Trip Inspection Form

(to be performed if the bus has been parked for more than 1 hour)

Driver Name: _____	Time: _____
Route #: _____	Ending _____
Location: _____	Mileage: _____

(Put a check mark beside the items that are in working order that pertains to the vehicle in which you are about to operate)

Engine Off:

- Bus in in Neutral
- Parking Brake Applied
- Idle/2 minutes
- All switches turned off
- Headlights turned off
- CHECK FOR SLEEPING CHILDREN
- Child Safety Alarm button

Inside Inspection:

- Bus Swept
- Trash Empty

Outside Inspection:

- Visual Check of entire bus (damage or broken glass/lens)
- Tires Inflated (all sides)
- No leaks from Engine Compartment
- Student Windows (All sides)

<u>Mechanical Problems Description Box:</u> _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
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I have completed my post-trip inspection in accordance to the above requirements.
Driver Signature _____ (DATE)