

Bus No.: _____

Date: _____ Time: _____

OPERATOR'S NAME: _____

Mileage: _____

OPERATORS PREVENTIVE MAINTENANCE CHECKS AND SERVICES

CONDITIONS REPORT

OPERATIONAL CHECK

GLASS	OK	NOT OK
Windshield	_____	_____
Side Glass	_____	_____
Rear Glass	_____	_____
Mirrors	_____	_____

SHEET METAL & PAINT

Hood	_____	_____
R/Side	_____	_____
Rear	_____	_____
L/Side	_____	_____
Lettering	_____	_____

INTERIOR CONDITION

Dash	_____	_____
Seats	_____	_____
Seats - Cushions	_____	_____
Seats - Back	_____	_____
Floor	_____	_____
Paint	_____	_____
Dash	_____	_____

TIRES

Proper Inflation	_____	_____
Cuts, Damages	_____	_____

UNDERHOOD

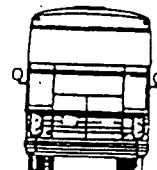
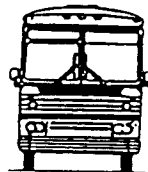
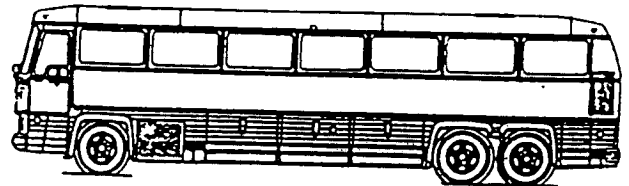
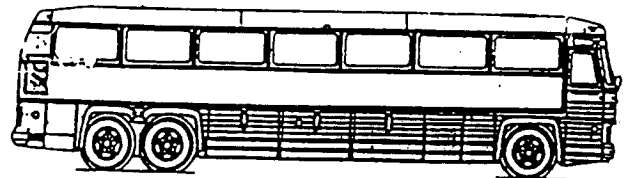
Oil Level	_____	_____
Water Level	_____	_____
Antifreeze	_____	_____

Check the proper blank for the following being in the vehicle

	YES	NO
Fire Extinguisher	_____	_____
Fire Axe	_____	_____
First Aid Kit	_____	_____
Flares	_____	_____
Tool Box	_____	_____
Wrecking Bar	_____	_____
Spare Tire	_____	_____
Spare Rim	_____	_____
Warranty Packet	_____	_____
Tire Carrier Handler	_____	_____

SYSTEM	OK	NOT OK
Headlights	_____	_____
T/Signals	_____	_____
8-Way Flashers	_____	_____
Warning Buzzers	_____	_____
Instruments	_____	_____
Brake Lights	_____	_____
Tail Lights	_____	_____
Back-Up Lights	_____	_____
W/S Wipers	_____	_____
Horn	_____	_____
Interior Lights	_____	_____
Tachograph	_____	_____
Heater Motors	_____	_____
Defroster	_____	_____
A/C (must blow cool air)	_____	_____
Start Engine Instruments	_____	_____
Doors - All	_____	_____
Driver's Seat Belt	_____	_____

CIRCLE APPROXIMATE DAMAGE FOUND TO BODY



COMMENTS

OPERATOR'S SIGN: _____

SECTION LEADER SIGN: _____