



## SCHOOL BUS PRE-TRIP INSPECTION TYPE III SCHOOL BUS

District / Carrier \_\_\_\_\_

Evaluator \_\_\_\_\_

Driver \_\_\_\_\_

Date \_\_\_\_\_

	CHECKED YES NO			CHECKED YES NO	
<b>MECHANICAL CHECK:</b> Coolant level <input type="checkbox"/> YES <input type="checkbox"/> NO Oil level <input type="checkbox"/> YES <input type="checkbox"/> NO Power steering fluid <input type="checkbox"/> YES <input type="checkbox"/> NO Transmission fluid <input type="checkbox"/> YES <input type="checkbox"/> NO Windshield washer fluid <input type="checkbox"/> YES <input type="checkbox"/> NO Alternator <input type="checkbox"/> YES <input type="checkbox"/> NO Water pump <input type="checkbox"/> YES <input type="checkbox"/> NO Power steering pump <input type="checkbox"/> YES <input type="checkbox"/> NO Check belts and hoses <input type="checkbox"/> YES <input type="checkbox"/> NO Check for leaks <input type="checkbox"/> YES <input type="checkbox"/> NO Wheel: tire, lugs, rims <input type="checkbox"/> YES <input type="checkbox"/> NO Brakes: drum, rotators, lining, fluid (level / leaks), parking <input type="checkbox"/> YES <input type="checkbox"/> NO Springs, shock absorbers <input type="checkbox"/> YES <input type="checkbox"/> NO Fuel gauge (level) <input type="checkbox"/> YES <input type="checkbox"/> NO			<b>INTERNAL INSPECTION:</b> (Engine running, parking brake on) Oil pressure builds <input type="checkbox"/> YES <input type="checkbox"/> NO Ammeter/voltmeter <input type="checkbox"/> YES <input type="checkbox"/> NO Lighting indicators <input type="checkbox"/> YES <input type="checkbox"/> NO Steering play <input type="checkbox"/> YES <input type="checkbox"/> NO Horn <input type="checkbox"/> YES <input type="checkbox"/> NO Clutch/gearshift <input type="checkbox"/> YES <input type="checkbox"/> NO Heater/defroster <input type="checkbox"/> YES <input type="checkbox"/> NO Mirrors <input type="checkbox"/> YES <input type="checkbox"/> NO Windshield <input type="checkbox"/> YES <input type="checkbox"/> NO Wipers / Washer <input type="checkbox"/> YES <input type="checkbox"/> NO Safety/emergency equipment <input type="checkbox"/> YES <input type="checkbox"/> NO fire extinguisher reflective triangles first aid, body fluids cleanup kits seat belt cutter (if applicable) Seats secure <input type="checkbox"/> YES <input type="checkbox"/> NO Seat belts <input type="checkbox"/> YES <input type="checkbox"/> NO Child restraints / car seats <input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>EXTERNAL INSPECTION:</b> Lights: signal, stop, headlights, license plate light <input type="checkbox"/> YES <input type="checkbox"/> NO Doors and mirrors <input type="checkbox"/> YES <input type="checkbox"/> NO Window glass <input type="checkbox"/> YES <input type="checkbox"/> NO Fuel tanks <input type="checkbox"/> YES <input type="checkbox"/> NO Exhaust <input type="checkbox"/> YES <input type="checkbox"/> NO			<b>WHEELCHAIR</b> Anchor points, belts, straps, lift inspection, interlock safety system functional <input type="checkbox"/> YES <input type="checkbox"/> NO		

Comments / Additional or remedial training performed:

**This is the only form approved by the Minnesota State Patrol**

