



Vehicle Condition Report

Date ____/____/____

Vehicle # ____ Center(s)/Bus Run(s) _____

	AM Run	PM Run
Odometer		
Time		

I have reviewed the previous inspection report, have inspected the vehicle, and I am satisfied that all items listed below are in good working order.

Driver's Signature

Check (✓) each box below to indicate compliance

AM	PM	Item	AM	PM	Item	AM	PM	Item
		Service Breaks			Visible Oil Leaks			Horn
		Parking Breaks			Visible Fuel Leaks			Steering
		Engine Oil Level			Lighting Devices/Reflector			Coolant level
		Tires			Wheel lugs for tightness			Emergency equipment
		Windshield Wipers			Rear vision mirrors			

- Please list any driver's remarks on back of this sheet -

Indicate items which are not satisfactory by placing an "X" in the corresponding box

Brakes	Lights	Tires	Engine	Rear
<input type="checkbox"/> Need adjust <input type="checkbox"/> Unequal <input type="checkbox"/> Leak	<input type="checkbox"/> Head <input type="checkbox"/> Tail <input type="checkbox"/> Stop <input type="checkbox"/> Dash <input type="checkbox"/> Body	<input type="checkbox"/> Flat <input type="checkbox"/> Leaks <input type="checkbox"/> Damage	<input type="checkbox"/> Overheats <input type="checkbox"/> Knocks <input type="checkbox"/> Start hard <input type="checkbox"/> No power <input type="checkbox"/> Misses <input type="checkbox"/> Stalls <input type="checkbox"/> Oil leak <input type="checkbox"/> Oil pressure <input type="checkbox"/> Alternator <input type="checkbox"/> Battery	<input type="checkbox"/> Leaks <input type="checkbox"/> Noisy <input type="checkbox"/> Jumps out of range
Fuel <input type="checkbox"/> Pump <input type="checkbox"/> Lines <input type="checkbox"/> Tank				
Wheels <input type="checkbox"/> Loose/missing lug <input type="checkbox"/> Cracks <input type="checkbox"/> Noise	Steering <input type="checkbox"/> Hard <input type="checkbox"/> Shimmy <input type="checkbox"/> Free Play	Coolant <input type="checkbox"/> Radiator <input type="checkbox"/> Hoses <input type="checkbox"/> Cab Heater <input type="checkbox"/> Water Pump		Transmission <input type="checkbox"/> Leaks <input type="checkbox"/> Noisy <input type="checkbox"/> Jumps out of gear <input type="checkbox"/> Hard shifting

Garage Use Only

Date ____/____/____

Action Repairs Made _____

No Repairs Needed

Mechanic's Signature

- Please list any comments/remarks on the back of this sheet-

