Month: _____

State of Louisiana Department of Education
Jefferson Parish Schools

Year: _____

SCHOOL BUS PRE/POST TRIP INSPECTION CHECK LIST

Bus No.: _____

Check each box on this form with: (√) = Good (X) = Fail (N/A) = Not Applicable

Before Each Trip:

Daily Inspections Dates :	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
A. Check Outside The Bus																															
Fuel Tank(s) Filters Cap(s)																															
Exhaust Pipe - (No Leaks)																															
Tires/Rims/Lugs																															
Air Tank(s)																															
Under Bus Leaks (Oil, Fuel, Coolant, Water, Power Steering Fluid, Brakes Fluid, Etc.)																															
General Outside Appearance																															
B. Check Under The Hood:																															
Battery /Belts/Hoses/Wiring																															
Fluid Levels																															
Fuel Leaks																															
C. Check Inside The Bus:																															
Fire Extinguisher /First Aid Kit/Emergency - **Reflectors** - Spare Fuses(Optional)																															
Seats/Floors/General Appearance																															
Emergency Exit(s)																															
D. Start Engine And Continue Inside Check:																															
Dash Gauges/Lights/**Warning Buzzers**																															
Horns/Steering/ Wheels																															
Windshield Wipers/Washer																															
Heater/Defroster/Fan																															
Dome Lights/Step-Well Light																															
Driver's Seat/Seat Belt/ **(7) Mirror**																															
Brake																															
Turn Indicators/Hazard Lights																															
E. Check Outside the Bus with Engine Running:																															
Stop Lights / Tail Lights / Back - Up Signal																															
HeadLights/Parking Lights/Side Marker Lights																															
Overhead Flashers/Stop Arms																															
Turn Indicators/Hazard Lights																															
Windshield/ Windows/Mirrors																															
Automatic Audible Back-Up Signal																															
Crossing Arms																															
F. Complete Final Check:																															
Fasten Seat Belt																															
Test Brakes (Stop and Hold) 5MPH Roll & Stop																															
Phone (is Charged and Operational/ON)																															
Self Check Temperature below 99.4																															
Steering/Wheel Play																															
Sleeping Child Check - (Check School Bus)																															
Wheel Chair Lift Operation(s) Check All Equipment (If Required)																															

**** Check for Expiration Date.***

RECORD OF ALL REPAIRS AND SERVICES
Any deficiencies listed above must be address below

Type Of Repair	Mileage	Date

I certify that all items listed on this form were checked *during the Pre and Post trip inspection*, before placing the bus *in/out of* service. All faulty or improperly functioning equipment that may affect the safety of the vehicle's operation or result in its mechanical breakdown was reported, in writing, to proper authorities and appropriate repairs were made before allowing pupils to board the bus. *I also certify that I completed a final inspection, of the bus and verify that there are "**No**" remaining students and the bus is completely empty.*

DRIVER NAME (PRINT): _____

DRIVER'S SIGNATURE: _____

Date: _____

Comments:

	Spare / Rental Bus No.	PRE-TRIP INITIAL		POST-TRIP INITIAL		FIELD TRIPS & MID-DAY	
		AM	PM	AM	PM		
1							1
2							2
3							3
4							4
5							5
6							6
7							7
8							8
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29							29
30							30
31							31

COPIES TO: TRANSPORTATION DEPARTMENT DRIVER