



MORROW COUNTY PRE/POST TRIP INSPECTION CHECKLIST

DRIVER: _____ DATE: _____

VEHICLE #: _____ BEG. MILEAGE: _____ END. MILEAGE: _____

Place an ✓ if the status is OK.

If an item is defective, please circle the issue, explain problem in space provided, and call the Dispatcher to let them know.

Engine/Fluid Levels	Interior Checks	Exterior Checks
Pre Post <input type="checkbox"/> <input type="checkbox"/> Fuel Level <input type="checkbox"/> <input type="checkbox"/> Oil Level/Pressure <small>(should be done when engine is warm)</small> <input type="checkbox"/> <input type="checkbox"/> Transmission Fluid Level <input type="checkbox"/> <input type="checkbox"/> Power Steering Fluid Level <input type="checkbox"/> <input type="checkbox"/> Brake Fluid Level <input type="checkbox"/> <input type="checkbox"/> Battery Charge <input type="checkbox"/> <input type="checkbox"/> Windshield Wiper Fluid <input type="checkbox"/> <input type="checkbox"/> Radiator Fluid Level <input type="checkbox"/> <input type="checkbox"/> Fluids Leaking Under Bus <input type="checkbox"/> <input type="checkbox"/> Engine Warning Lights <input type="checkbox"/> <input type="checkbox"/> Other _____	Pre Post <input type="checkbox"/> <input type="checkbox"/> Mirrors <input type="checkbox"/> <input type="checkbox"/> Windshield Wipers <input type="checkbox"/> <input type="checkbox"/> Horn <input type="checkbox"/> <input type="checkbox"/> Parking Break <input type="checkbox"/> <input type="checkbox"/> Fans/Defroster <input type="checkbox"/> <input type="checkbox"/> Heater/Air Conditioning <input type="checkbox"/> <input type="checkbox"/> Radio Equipment/Cellphone <input type="checkbox"/> <input type="checkbox"/> Passenger Door Operation <input type="checkbox"/> <input type="checkbox"/> Interior Lights <input type="checkbox"/> <input type="checkbox"/> Driver Seat & Belts <input type="checkbox"/> <input type="checkbox"/> Passenger Seats <input type="checkbox"/> <input type="checkbox"/> Wheelchair Lift/Interlock <input type="checkbox"/> <input type="checkbox"/> W/C Securing Ties/Devices <input type="checkbox"/> <input type="checkbox"/> First Aid Kit <input type="checkbox"/> <input type="checkbox"/> Fire Extinguisher <input type="checkbox"/> <input type="checkbox"/> Other Emergency Gear <input type="checkbox"/> <input type="checkbox"/> Destination Sign Box (if applicable) <input type="checkbox"/> <input type="checkbox"/> Fare Box (if applicable) <input type="checkbox"/> <input type="checkbox"/> Other _____	Pre Post <input type="checkbox"/> <input type="checkbox"/> Headlights Hi/Low <input type="checkbox"/> <input type="checkbox"/> Fog Lamps/Hazard Lamps <input type="checkbox"/> <input type="checkbox"/> Windshield Condition <input type="checkbox"/> <input type="checkbox"/> Directional Signals FRT/REAR <input type="checkbox"/> <input type="checkbox"/> Tail Lights/Running Lights <input type="checkbox"/> <input type="checkbox"/> Brake Lights/Back Up Lights <input type="checkbox"/> <input type="checkbox"/> Tire Condition/Air Pressure <input type="checkbox"/> <input type="checkbox"/> Lug Nuts Tight <input type="checkbox"/> <input type="checkbox"/> Emergency Windows Sealed Tight <input type="checkbox"/> <input type="checkbox"/> Luggage Storage Doors & Engine Compartment Panels <input type="checkbox"/> <input type="checkbox"/> Body Condition / Scratches / Dings / Dents <input type="checkbox"/> <input type="checkbox"/> Other _____
Cleaning		
Pre Post <input type="checkbox"/> <input type="checkbox"/> Windows Clean <input type="checkbox"/> <input type="checkbox"/> Waste Receptacle Emptied <input type="checkbox"/> <input type="checkbox"/> Interior Clean <input type="checkbox"/> <input type="checkbox"/> Exterior Clean <input type="checkbox"/> <input type="checkbox"/> Post Drive Sanitation		

Does this vehicle have any problems?

Yes / No

Has a Supervisor been notified?

Yes / No

Explain: _____

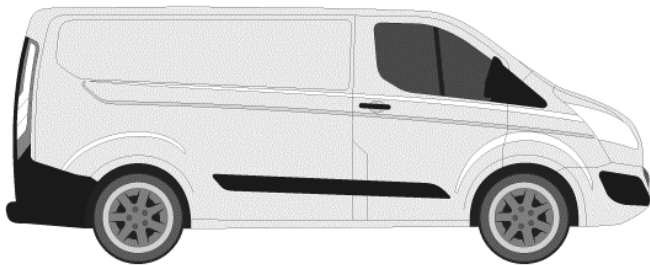
VEHICLE DAMAGE REPORTING FORM

Driver: _____ Vehicle #: _____ Date: _____

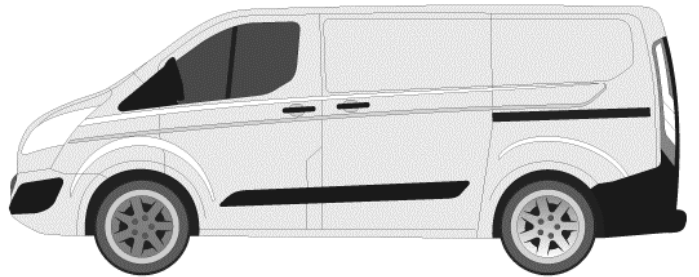
- Interior (if interior, please explain defect or damage in space below)
- Exterior (if exterior, please complete diagram below, and explain in the space below)

On the illustrations below, locate and note any vehicle body damage or problems using the following code: X dents or scratches; indicate any other damage by circling the area and then describe the damage in the space provided below the chart.

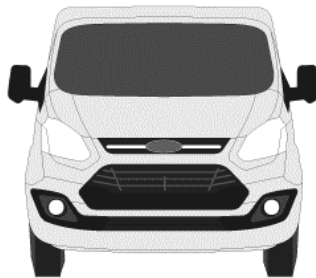
RIGHT SIDE



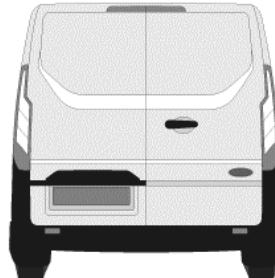
LEFT SIDE



FRONT SIDE



BACK SIDE



EXPLANATION OF DAMAGE

Explanation of Damage: _____

Drivers Name: _____ Verified By: _____ Date: _____

CORRECTIVE ACTIONS

Date Entered Shop: _____ Work Order No. _____ Mechanic Assigned: _____

Date Vehicle Returned to Service: _____

Mechanic Signature: _____

Remarks: _____
