SCHOOL BUS MONTHLY RECORD/DAILY PRE-TRIP SAFETY INSPECTIONS (Check box when inspected (√) and place and "X" if defect is noted)

DRIVER'S NAME (Print)_____ **BUS #**_____ **BASE SCHOOL:** _____

DRIVER SIGNATURE _____ **MONTH:** _____

DATE	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. UNDER HOOD																															
B. INSIDE BUS																															
C. TURN ON ALL LIGHTS																															
D. RIGHT FRONT TIRE																															
E. FRONT OF BUS																															
F. LEFT FRONT TIRE																															
G. UNDER BUS																															
H. LEFT REAR WHEELS																															
I. REAR OF BUS																															
J. RIGHT REAR WHEELS																															
K. FUEL AREA																															
L. PASSENGER AREA																															
M. FINAL CHECK																															
N. CLEAN INTERIOR																															
O. CAMERA																															
NOTE: (LIFT)																															
DRIVERS INITIALS																															

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