

LAURENS COUNTY SCHOOLS - TRANSPORTATION DEPT - PRE/POST TRIP INSPECTION LOG NAME _____ BUS _____

Submit form monthly to the Training Dept. by the first Friday in the next month. NO FAXES, EMAILS - ORIGINAL FORM ONLY. This form will be maintained on the file in case of a bus accident, verifying a pre-trip inspection was performed. **Note:** A pre-trip/post-trip **MUST** be performed daily as mandated by Article 40-8-220 Part 1-4.

Year 2022-2023

Month:	1		2		3		4		5		6		7		8		9		10		11		12		13		14		15		16		17		18		19		20	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM		
FUEL LEVEL	PRE																																							
MIN. 1/2 TANK	POST																																							
SEATS	PRE																																							
POST	POST																																							
Check Fluids (brake, PS, coolant, transmission, oil)	PRE																																							
POST	POST																																							
EXITS/WINDSHIELD/WINDOWS	PRE																																							
POST	POST																																							
BUS EXTERIOR - BODY, EXHAUST, BATTERY BOX, LICENSE PLATE	PRE																																							
POST	POST																																							
ROUTE DIRECTIONS	PRE																																							
DRIVER'S LICENSE	PRE																																							
TIRES	PRE																																							
LEAKS	PRE																																							
ALL GAUGES/CONTROL PANEL	PRE																																							
LIGHTS-REFLECTOR/LENS COVERS	PRE																																							
LOW AP/WARNING LIGHTS	PRE																																							
STOP ARM/CROSSING GATE	PRE																																							
WIPERS	PRE																																							
MIRRORS/MOUNTS	PRE																																							
BACKUP BUZZER/EMER EXIT BUZZER	PRE																																							
SERVICE BRAKE/PARKING BRAKE	PRE																																							
DOORS-SERVICE/REAR	PRE																																							
SEAT CUTTER	PRE																																							
RADIO	PRE																																							
HORN	PRE																																							
FIRE EXT/EMER TRIANGLES	PRE																																							
FIRST AID/BODY FLUID KITS	PRE																																							
ACCIDENT PACKET/INSURANCE CARD	PRE																																							
SPECIAL NEEDS - WHEELCHAIR LIFT & SECUREMENTS STRAPS	PRE																																							
COVID CLEANING	POST																																							
CHECK FOR CHILD	POST																																							
DRIVER'S INITIALS																																								

I CERTIFY BUS INSPECTIONS WERE PERFORMED AND THAT THIS REPORT IS ACCURATE TO THE BEST OF MY KNOWLEDGE.

DRIVER'S SIGNATURE

DATE

