

MOTOR VEHICLE COMMISSION BUS INSPECTION

No. 180601B

Terminal I. D. # _____
 Inspection Team _____ Bus # _____ Date _____
 District/Company Name _____ Phone _____
 Address _____ City _____ County _____ Zip _____
 License Plate Number _____ Year _____ Incomplete Chassis Date _____ VIN# _____
 Seating Capacity _____ Bus 12 yrs. or Older Transit Type 20 yrs. or Older GVW _____ GVWR _____
 Odometer _____ Vehicle Type SV A B C D Handicapped
 Other _____
 Approval Sticker No. _____ Month _____ Specification Inspection

30 Day OS APP

1. CREDENTIALS	License <input type="checkbox"/> Registration <input type="checkbox"/> Insurance <input type="checkbox"/> Plates <input type="checkbox"/>			
2. IDENTIFICATION	Lettering <input type="checkbox"/> Color <input type="checkbox"/> Advertising <input type="checkbox"/> GVW+26,001 <input type="checkbox"/>			
3. SCHOOL BUS WARNING EQUIPMENT	Red/Amber <input type="checkbox"/> Switching <input type="checkbox"/> Indicator <input type="checkbox"/> Stop Arm <input type="checkbox"/> Brake Pilot Light <input type="checkbox"/> Backup Alarm <input type="checkbox"/>			
4. BUS EXTERIOR	Condition <input type="checkbox"/> Bumpers <input type="checkbox"/> Rub Rails <input type="checkbox"/> Fenders <input type="checkbox"/> Crossing Arm <input type="checkbox"/>			
5. MIRRORS	Rear View <input type="checkbox"/> Cross-over <input type="checkbox"/> Interior <input type="checkbox"/> Rear View Convex <input type="checkbox"/>			
6. UNDERBODY	Undercoating <input type="checkbox"/> Shackles <input type="checkbox"/> Springs <input type="checkbox"/> Shocks <input type="checkbox"/> Body Clips <input type="checkbox"/> Fl. Supports <input type="checkbox"/> Drive Shaft Guards <input type="checkbox"/> Cross Members <input type="checkbox"/> Fluid Leaks <input type="checkbox"/> Body Bolts <input type="checkbox"/>			
7. FUEL LINES/TANKS	Mounting <input type="checkbox"/> Cage <input type="checkbox"/> Fill Cap <input type="checkbox"/> Heat Shield <input type="checkbox"/> Lines <input type="checkbox"/>			
8. UNDERHOOD	Firewall <input type="checkbox"/> Drive Belts <input type="checkbox"/> Wire/Hoses <input type="checkbox"/> Battery <input type="checkbox"/> Fuel Leaks <input type="checkbox"/> Air Cleaner <input type="checkbox"/> Heater Shut Off Valve <input type="checkbox"/> Other _____			
9. TIRES	Condition <input type="checkbox"/> Rims <input type="checkbox"/> Lugs <input type="checkbox"/> Snow Tires on Drive Wheels <input type="checkbox"/> (or) Chains Available on Bus (When Required) <input type="checkbox"/>			
10. DOOR/STEPS	Service Door <input type="checkbox"/> Side Door(s) <input type="checkbox"/> Head Bump Pad <input type="checkbox"/> Grab Handles <input type="checkbox"/> Entry Steps <input type="checkbox"/> Stirrups <input type="checkbox"/> Stepwell Light <input type="checkbox"/> Seals <input type="checkbox"/> Step Tread <input type="checkbox"/>			
11. EMERGENCY EXITS DOOR/WINDOWS ROOF HATCHES	Lettering <input type="checkbox"/> Ignition Interlock <input type="checkbox"/> Door Buzzer <input type="checkbox"/> Door Handles <input type="checkbox"/> Head Bump Pad <input type="checkbox"/> Push-Out Window <input type="checkbox"/> Roof Hatch <input type="checkbox"/> Back-up Lights with Door Open <input type="checkbox"/>			
12. CRASH BARRIERS	Mounting <input type="checkbox"/> Padding <input type="checkbox"/> Covering <input type="checkbox"/> Stanchions <input type="checkbox"/>			
13. SUNSHIELD	Missing <input type="checkbox"/> Non-Transparent <input type="checkbox"/> Not Adjustable <input type="checkbox"/> Broken <input type="checkbox"/>			
14. SAFETY EQUIPMENT	Fire Extinguisher: Mounting <input type="checkbox"/> Charge <input type="checkbox"/> Size <input type="checkbox"/> Wrecking Bar <input type="checkbox"/> First Aid Kit: Mounting <input type="checkbox"/> Missing Equipment _____ Portable Warning Device <input type="checkbox"/>			
15. INSTRUMENTS	Speedometer <input type="checkbox"/> Voltmeter <input type="checkbox"/> Water Temp. <input type="checkbox"/> Ampmeter <input type="checkbox"/> Fuel Guage <input type="checkbox"/> Oil Guage <input type="checkbox"/> High Beam Indicator <input type="checkbox"/> Air/Vacumn <input type="checkbox"/>			
16. WINDSHIELD WIPER/WASHERS HORN	Wiper Inoperable <input type="checkbox"/> Blades <input type="checkbox"/> Sweep <input type="checkbox"/> Washers Inoperable <input type="checkbox"/> No Fluid <input type="checkbox"/> Horn <input type="checkbox"/>			
17. GEAR SHIFT INDICATOR	Mounting <input type="checkbox"/> Pattern <input type="checkbox"/> Shift Detent <input type="checkbox"/> Floor Boot <input type="checkbox"/>			
18. HEATERS	Shield Hose <input type="checkbox"/> Defogging Fans <input type="checkbox"/> Defrosters <input type="checkbox"/> Heater(s) <input type="checkbox"/>			
19. SEATS	Mounting <input type="checkbox"/> Condition <input type="checkbox"/> Missing <input type="checkbox"/> Seat Belts <input type="checkbox"/> Cutter <input type="checkbox"/> Driver Retractor <input type="checkbox"/> Restraining Device <input type="checkbox"/>			
20. BUS INTERIOR	Dome Light <input type="checkbox"/> Ceiling <input type="checkbox"/> Sidewalls <input type="checkbox"/> Floor <input type="checkbox"/> Aisle / Clearance <input type="checkbox"/> Cleanliness <input type="checkbox"/> Storage Comp. <input type="checkbox"/> Other _____			
21. STEERING & SUSPENSION	Looseness <input type="checkbox"/> Wheel Rock L <input type="checkbox"/> R <input type="checkbox"/> Wheel Lash <input type="checkbox"/>			
22. SERVICE BRAKE	Insufficient Pedal Reserve <input type="checkbox"/> Test @ 20 mph Stop Distance _____ Leak <input type="checkbox"/> Hose/Tubing <input type="checkbox"/> Warning Device <input type="checkbox"/> Air Brake Chamber Type F _____ Meas. _____ R _____ Meas. _____			
23. PARKING BRAKE	Reserve <input type="checkbox"/> Inoperative <input type="checkbox"/> Other <input type="checkbox"/>			
24. LIGHTS	Parking <input type="checkbox"/> Hazard <input type="checkbox"/> Tail <input type="checkbox"/> Stop <input type="checkbox"/> Wiring / Switching <input type="checkbox"/> Directional Signal <input type="checkbox"/> Marker <input type="checkbox"/> Clearance <input type="checkbox"/> Plate <input type="checkbox"/> Indicator <input type="checkbox"/> Headlights L Out <input type="checkbox"/> L Aim <input type="checkbox"/> High Beam <input type="checkbox"/> Backup <input type="checkbox"/> R Out <input type="checkbox"/> R Aim <input type="checkbox"/> High Beam <input type="checkbox"/> Other <input type="checkbox"/> ID <input type="checkbox"/>			
25. GLAZING	W/S <input type="checkbox"/> L/S <input type="checkbox"/> R/S <input type="checkbox"/> Rear <input type="checkbox"/> Visual Obstruction <input type="checkbox"/> Gradient Tint <input type="checkbox"/>			
26. EXHAUST SYSTEMS	Mounting <input type="checkbox"/> Leaks <input type="checkbox"/> Noise <input type="checkbox"/> Patched <input type="checkbox"/> Termination Point <input type="checkbox"/>			
27. EMISSION/TAMPERING	CO _____ % HC _____ PPM O2 _____ % Opacity _____ % NOX _____ PPM Catalytic Converter <input type="checkbox"/> CO 2 _____ % Smoke <input type="checkbox"/>			
28. OBD II	P <input type="checkbox"/> F <input type="checkbox"/> Reason: _____			
29. HANDICAPPED RQ. ONLY	Ramp/Power Lift <input type="checkbox"/> Lift Door <input type="checkbox"/> Buzzer <input type="checkbox"/> Light <input type="checkbox"/> Hand Rail <input type="checkbox"/> 2-Way Radio <input type="checkbox"/> Door Fastening Device Tether <input type="checkbox"/> Interlock <input type="checkbox"/> Identification <input type="checkbox"/>			
30. MISCELLANEOUS				

Inspected by _____ Badge# _____ Inspected by _____ Badge# _____ Inspected by _____ Badge# _____
 RE-EXAM DATE 1. _____ / _____ / _____ 2. _____ / _____ / _____ 3. _____ / _____ / _____

WHITE COPY - OPERATIONS YELLOW COPY - BUS OWNER/OPERATOR PINK COPY - DOE BUREAU OF PUPIL TRANSPORTATION GREEN COPY - TEAM