

Monthly Record of Daily Pre-Trip Inspections	School Division _____
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Month _____	School Bus Number _____	License Plate # _____
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	X - If needs repair										/ - If in working order										<i>Complete daily and turn in at the end of the month</i>											
DAY	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. Front Of Bus																																
B. Inside The Bus																																
C. Lights On Outside Of Bus																																
D. Right Front Wheel																																
E. Front Of The Bus																																
F. Left Front Wheel/Area																																
G. Under Bus																																
H. Left Rear Wheel																																
I. Rear of Bus																																
J. Right Rear Wheel																																
K. Fuel Area																																
L. Passenger Area Inside Bus																																
M. Final Checks																																
Drivers Daily Signature																																

Supervisor's Signature _____	Date: _____
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