

Bus/Coach Driver's Daily Vehicle Inspection Report (DDVIR)

Date of Inspection: _____

Bus/Coach Inspection: (Only check those items which are defective)

Odometer End: _____

Bus/Coach #: _____

Bus/Coach License #: _____

Odometer Start: _____

Location of Inspection: _____

Total Miles/KM: _____

- | | | |
|--|---|---|
| <input type="checkbox"/> Air Compressor
<input type="checkbox"/> Air Lines (all)
<input type="checkbox"/> Batteries
<input type="checkbox"/> Brake System
<input type="checkbox"/> Brakes - Disc (if equipped)
<input type="checkbox"/> Brakes - Low Pressure Warning Device
<input type="checkbox"/> Brakes - Out of Adjustment
<input type="checkbox"/> Brakes - Parking
<input type="checkbox"/> Brakes - Pedal & Warning Light
<input type="checkbox"/> Brakes - Protection System
<input type="checkbox"/> Brakes - Service
<input type="checkbox"/> Cleanliness of Interior
<input type="checkbox"/> Clutch
<input type="checkbox"/> Condition of Floor
<input type="checkbox"/> Driver Compartment
<input type="checkbox"/> Loose Wires, Connectors
<input type="checkbox"/> Drive Line
<input type="checkbox"/> Emergency Equipment
<input type="checkbox"/> Fire Extinguisher (min 10 BC)
<input type="checkbox"/> First Aid Kit
<input type="checkbox"/> Reflective Triangle (min 3)
<input type="checkbox"/> Spare Fuses - Flags - Flares
<input type="checkbox"/> Spare Bulbs - Fuses(s)
<input type="checkbox"/> Spare Seal Beam
<input type="checkbox"/> Emergency Door & Buzzer
<input type="checkbox"/> Emergency Window(s) (if equipped)
<input type="checkbox"/> Engine Compartment
<input type="checkbox"/> Belts in Engine Compartment
<input type="checkbox"/> Loose Wires, Hose Connections
<input type="checkbox"/> Oil Level
<input type="checkbox"/> Power Steering Level
<input type="checkbox"/> Radiator Coolant Level
<input type="checkbox"/> Unusual Engine Noise | <input type="checkbox"/> Exhaust Systems
<input type="checkbox"/> Heater/Defroster System
<input type="checkbox"/> Fans
<input type="checkbox"/> Frame/Body/Assembly
<input type="checkbox"/> Fuel Systems
<input type="checkbox"/> Fuel Tank(s)
<input type="checkbox"/> Gauges & Warning Lights
<input type="checkbox"/> Horn(s)
<input type="checkbox"/> Air Horn (if equipped)
<input type="checkbox"/> City Horn
<input type="checkbox"/> Lavatory
<input type="checkbox"/> Lavatory - Cleanliness
<input type="checkbox"/> Lavatory - Fresh Water Supply
<input type="checkbox"/> Lavatory - Fluid Leaks(s)
<input type="checkbox"/> Lavatory - Supplies (paper, soap)
<input type="checkbox"/> Leak(s)
<input type="checkbox"/> Air Leak(s)
<input type="checkbox"/> Fluid Leak(s) Inside Bus
<input type="checkbox"/> Fluid Leak(s) Under Bus
<input type="checkbox"/> Lights (all)
<input type="checkbox"/> Lights - 4-Way Flashers
<input type="checkbox"/> Lights - Brake Lamps (red)
<input type="checkbox"/> Lights - Dome (inside)
<input type="checkbox"/> Lights - Fog Lights
<input type="checkbox"/> Lights - Headlights Low Beams
<input type="checkbox"/> Lights - Headlights High Beams
<input type="checkbox"/> Lights - Markers (red)
<input type="checkbox"/> Lights - Turn Signals (amber)
<input type="checkbox"/> Mirrors
<input type="checkbox"/> Mirrors Inside
<input type="checkbox"/> Mirrors Outside
<input type="checkbox"/> Muffler/Tail Pipe
<input type="checkbox"/> Operation of Service Door | <input type="checkbox"/> Oil Pressure/Ampmeter
<input type="checkbox"/> Radiator
<input type="checkbox"/> Rear End
<input type="checkbox"/> Reflectors (red)
<input type="checkbox"/> Safe Loading
<input type="checkbox"/> Seat(s)
<input type="checkbox"/> Seat Belts Driver
<input type="checkbox"/> Seat Belts Passengers (if equipped)
<input type="checkbox"/> Secured (loose items)
<input type="checkbox"/> Starter
<input type="checkbox"/> Steering Mechanism
<input type="checkbox"/> Steering Wheel (play)
<input type="checkbox"/> Steps (Entrance)
<input type="checkbox"/> Suspension System
<input type="checkbox"/> Switches
<input type="checkbox"/> Tachograph/Speedometer
<input type="checkbox"/> Tires
<input type="checkbox"/> Tires Spare (If equipped)
<input type="checkbox"/> Tire Chains/Cables (if equipped)
<input type="checkbox"/> Tires Studs
<input type="checkbox"/> Transmission
<input type="checkbox"/> Vehicle Annual Inspection Expired
<input type="checkbox"/> Wheels, Rims and Hubs
<input type="checkbox"/> Windshield Wipers
<input type="checkbox"/> Windows/Visibility
<input type="checkbox"/> Other (describe in remarks) |
|--|---|---|

Remarks:

PRE-TRIP INSPECTION **NO DEFECTS** -- I have detected no defect, or deficiency in this motor vehicle, that would be likely to affect the safety of its operation, or result in its mechanical breakdown.
 DEFECTS FOUND -- I have detected defects, or deficiencies in this motor vehicle, that would be likely to affect the safety of its operation, or result in its mechanical breakdown.

Time: _____ A.M. _____ P.M. Drivers Signature: _____

POST-TRIP INSPECTION **NO DEFECTS** -- I have detected no defect, or deficiency in this motor vehicle, that would be likely to affect the safety of its operation, or result in its mechanical breakdown.
 DEFECTS FOUND -- I have detected defects, or deficiencies in this motor vehicle, that would be likely to affect the safety of its operation, or result in its mechanical breakdown.

Time: _____ A.M. _____ P.M. Drivers Signature: _____

Time: _____ A.M. _____ P.M. Reviewed by: _____

Above defect(s) corrected.
 Above defect(s) need not be corrected for safe operation of vehicle
 Motor Carrier's Name: _____

Motor Carrier's Address: _____

Reviewed by Signature: _____

Above defect(s) corrected.
 Above defect(s) need not be corrected for safe operation of vehicle
 Mechanic Signature or Shop Name and Invoice Number: _____

Shop Address: _____