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

Date of Inspection: __________________

Bus/Coach #: ______________________ Bus/Coach License #: ______________________

Location of Inspection: ____________________________

- Air Compressor
- Air Lines (all)
- Batteries
- Brake System
- Brakes - Disc (if equipped)
- Brakes - Low Pressure Warning Device
- Brakes - Out of Adjustment
- Brakes - Parking
- Brakes - Pedal & Warning Light
- Brakes - Protection System
- Brakes - Service
- Cleanliness of Interior
- Clutch
- Condition of Floor
- Driver Compartment
- Loose Wires, Connectors
- Drive Line
- Emergency Equipment
- Fire Extinguisher (min 10 BC)
- First Aid Kit
- Reflective Triangle (min 3)
- Spare Fusess - Flags - Flares
- Spare Bulbs - Fuses(s)
- Spare Seal Beam
- Emergency Door & Buzzer
- Emergency Window(s) (if equipped)
- Engine Compartment
- Belts in Engine Compartment
- Loose Wires, Hose Connections
- Oil Level
- Power Steering Level
- Radiator Coolant Level
- Unusual Engine Noise
- Exhaust Systems
- Heater/Defroster System
- Fans
- Frame/Body/Assembly
- Fuel Systems
- Fuel Tank(s)
- Gauges & Warning Lights
- Horn(s)
- Air Horn (if equipped)
- City Horn
- Lavatory
- Lavatory - Cleanliness
- Lavatory - Freash Water Supply
- Lavatory - Fluid Leaks(s)
- Lavatory - Supplies (paper, soap)
- Leak(s)
- Air Leak(s)
- Fluid Leak(s) Inside Bus
- Fluid Leak(s) Under Bus
- Lights (all)
- Lights - 4-Way Flashers
- Lights - Brake Lamps (red)
- Lights - Dome (inside)
- Lights - Fog Lights
- Lights - Headlights Low Beams
- Lights - Headlights High Beams
- Lights - Markers (red)
- Lights - Turn Signals (amber)
- Mirrors
- Mirrors Inside
- Mirrors Outside
- Muffler/Tail Pipe
- Operation of Service Door

Remarks:

- 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.

PRE-TRIP INSPECTION

- Time: ____________ A.M. ____________ P.M. Drivers Signature: ______________________

POST-TRIP INSPECTION

- Time: ____________ A.M. ____________ P.M. Drivers Signature: ______________________

- 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: ______________________

Reviewed by Signature: ______________________

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