

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