

Pre-Trip, Post Trip and Fuel Sheet Hall County Schools



Bus #: _____ Month: _____ Year: _____ Driver's Name: _____

✓ = Satisfactory - = Unsatisfactory + = Repaired X = Did not Drive

	Date																	
	Driver Initials		SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT		
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM		
WEEKS 1 AND 2																		
TIRES & WHEELS (FRONT AND REAR)																		
START UP / CHECK ALL GAUGES																		
TOTAL BRAKE CHECK (AIR OR HYDRAULIC)																		
EIGHT-WAY LIGHT SYSTEM, CROSSING GATE, STOP ARM																		
HEATERS, DEFROSTERS, INTERIOR LIGHTS																		
LIGHTS (HEAD, STOP, MARKER, SIGNALS / HAZARDS)																		
UNDER BUS (DRIVE SHAFT, FRAME, EXHAUST)																		
MIRRORS / WINDSHIELD																		
FRONT AND REAR DOORS																		
EMERGENCY EXITS & BUZZERS																		
WINDOWS AND SEATS																		
EMERGENCY EQUIPMENT																		
FUEL 1/2 TANK																		
CLEAN BUS																		
FIRST AID, BODY FLUID KITS																		
FLUIDS, ENGINE COMPARTMENT, BELTS, HOSES																		
CHECK VIDEO & RADIO																		
POST- TRIP (BUS SECURE, NOBODY LEFT ON BUS)																		

	Date																	
	Driver Initials		SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT		
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM		
WEEKS 3 AND 4																		
TIRES & WHEELS (FRONT AND REAR)																		
START UP / CHECK ALL GAUGES																		
TOTAL BRAKE CHECK (AIR OR HYDRAULIC)																		
EIGHT-WAY LIGHT SYSTEM, CROSSING GATE, STOP ARM																		
HEATERS, DEFROSTERS, INTERIOR LIGHTS																		
LIGHTS (HEAD, STOP, MARKER, SIGNALS / HAZARDS)																		
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FLUIDS, ENGINE COMPARTMENT, BELTS, HOSES																		
CHECK VIDEO & RADIO																		
POST-TRIP (BUS SECURE, NOBODY LEFT ON BUS)																		

A pre – trip inspection must be performed on the bus prior to leaving the parking location each AM and PM route and on trips

Each bus you drive must have a separate pre-trip form.

Drivers are to keep this form for the entire month and record each time they drive the bus, keeping the days in order.

Items that are good should be recorded by placing a ✓ in the box. Example:

✓

Items that are faulty should be recorded by placing a – in the box. Example:

–

Items that are repaired should have an | drawn through the – to make a +. Example:

+ (with vertical line through center)

On days that the bus is not driven an X should be placed In the boxes.

There should be no blank boxes on this form. Something should be recorded for each day, whether or not the bus was driven.

This form is due in the office no later than the 5th of each month following the month recorded.

This form is to be filled out completely and signed on the reverse side.

REMEMBER TO WALK YOUR BUS AND DO YOUR POST-TRIP INSPECTION!!

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	Date															
Driver Initials	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT		
WEEKS 5 AND 6 (if needed)	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
TIRES & WHEELS (FRONT AND REAR)																
START UP / CHECK ALL GAUGES																
TOTAL BRAKE CHECK (AIR OR HYDRAULIC)																
EIGHT-WAY LIGHT SYSTEM, CROSSING GATE, STOP ARM																
HEATERS, DEFROSTERS, INTERIOR LIGHTS																
LIGHTS (HEAD, STOP, MARKER, SIGNALS / HAZARDS)																
UNDER BUS (DRIVE SHAFT, FRAME, EXHAUST)																
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EMERGENCY EXITS & BUZZERS																
WINDOWS AND SEATS																
EMERGENCY EQUIPMENT																
FUEL 1/2 TANK																
CLEAN BUS																
FIRST AID, BODY FLUID KITS																
FLUIDS, ENGINE COMPARTMENT, BELTS, HOSES																
CHECK VIDEO & RADIO																
POST - TRIP (BUS SECURE, NOBODY LEFT ON BUS)																

FUEL SHEET			
STATION	GALLONS	ODOMETER	DATE

BUS #: _____ **Date turned in:** _____ **Signature:** _____