

NINOS, INC. HEAD START PROGRAM

Bus/Van Monthly Inventory Check List

Month: _____ Year: _____

Submit Copy Monthly into Main Office C/O: Transportation Officer

Inventory Item	Bus/Van #	Checked By	Date	Due Date	Good Condition	Need Replacing	Need Charging
Fire Extinguisher							
Belt Cutter							
Child Restraints							
1st Aid Kit							
Boi-Kit							
Bus Back-up Alarm							
2-Way Radio							
Black Box							
Center Information Poster							
Vehicle State Inspection							

COMMENTS: