

Neighbors In Need of Services, Inc. Transportation Department

Daily Vehicle Operations Report

A Separate Form MUST Be Used for Every Assignment and Upon Vehicle Exchange *** ONLY INK May Be Used to Complete Form

Date: _____ Route Number: _____ Vehicle Number: _____

Day of the Week: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Assignment Type: Regular Route Shuttle Pre-K Field Trip Other _____

Vehicle Type: Regular Bus SPED Bus Activity Vehicle Shop Vehicle Other _____

A.M. Mileage (Including 10ths of miles)	P.M. Mileage (Including 10ths of miles)
Ending : _____	Ending : _____
Starting : _____	Starting : _____
Total : _____	Total : _____

Inspection Procedure

1. Open Hood
 2. Start Engine
 3. Inspect Bus Interior
 4. General Walk Around
 5. Check for Leaks
 6. Inspect Brakes, Steering & Transmission
 7. Monitor All Equipment En Route

SYSTEMS INSPECTION

AM	AM	PM	PM	Item or System Inspected (Exterior)	AM	AM	PM	PM	Item or System Inspected (Interior)
				Oil / Water/ Fluids Level					Two Way Radio
				Belts					Steering System
				Battery /Batteries					Horn
				Radiator/Oil/Fuel Cap					Wipers
				Windshield					Instrument Panel & Gages
				Mirrors					Speedometer /Tachometer
				Service Lights					Driver's Control Panel
				Flashers					Stop Arm / Loading Lights
				Signals					Adjust Driver's Seat
				Hub Meter					Adjust Driver's Seat Belt
				Alternator					Emergency Equipment
				Tires and Wheels					Emergency Door(s)/Windows/Buzzers
				Suspension Leaf Springs					Entry/Exit Door
				Fluids or Grease Leaks					Cleaning Items (Broom/Mop/Trash Can)
				Exhaust System / Tail Pipe(s)					Student Seats
				Rear End - Bumper					Cabin Windows
				Transmission					SP NEEDS Car Seat(s)
				Drive Shaft					SP NEEDS Wheel Chair Tie Downs
				LIFT (SPECIAL NEEDS)					ADJUST ALL MIRRORS
				LIFT Power Switch (SPECIAL NEEDS)					

For These Items Use a Check Mark if OK Use an X if defective Explain ANY Defects Below

Comments on Defects: _____

WORK ORDER # _____

Signature: _____