

INFORMATION DOCUMENT

PRE JOURNEY VEHICLE CHECKS

The person carrying out the inspection will complete inspection sheets or an online record. They must be completed in full and signed off.

The drivers' line manager will audit all pre-journey checks every week.

Pre-Use Checks should include, but are not limited to:

- Vehicle exterior: bodywork, lights, reflectors, windows, mirrors, signs, and notices.
- Vehicle interior: seats, floor, windows, lockers, signs, and notices.
- Fire extinguishers are in date.
- First aid kit is in date and contains the minimum requirements.
- Spare vehicle light bulbs (where applicable).
- Warning-triangle, emergency exit and window hammer.
- Snow chains (where applicable) and other safety equipment required by local law e.g., high visibility jacket.
- Brake- systems are fully functioning, and the fluid level is correct.
- Tyres - sufficient tread depth, condition and pressure including spare.
- Oil, coolant, screen wash all topped up to the correct level.
- Horn is working.
- Windscreen wipers and blades are fully functioning, clean and effective.
- Seat belts are operating correctly.
- Emergency exits to be clearly signed and in working order.
- Window hammers, fire extinguishers and a First Aid box all in situ and clearly signed.
- Route risk assessment – any relevant hazards in planned routes.

Bus & PSV Driver Walkaround Checks

In Cab Checks

- Check driving controls, seat & safety belt position (if fitted)
- Heater / demister working properly
- Tachograph: Correct hours, calibrated & speed limiter plaque displayed
- ABS/EBS warning lights working
- Instruments, gauges & warning devices working
- Horn working properly & accessible to driver

External Checks

- Check underneath vehicle for fluid leaks
- Exhaust: No excessive noise or smoke
- Number plates: In place, clean & in good condition
- Check engine oil, coolant and windscreen wash for levels
- Fuel cut off clearly marked & accessible
- Fuel cap seal: In place, in good condition & no leaks
- Air suspension correctly set
- Check for sounds of air leaks or drop in air pressure
- Luggage door secure

Internal PSV Checks

- Fire Extinguisher in place, fully charged & in date
- First Aid Kit in place & in date
- Passenger safety belts working (if fitted)
- Seats & handrails in good conditions
- All walkways clear
- Internal lighting working & luggage racks in good condition
- Emergency exit hammer in place (if fitted)
- Emergency door warning buzzer working (if fitted)
- Emergency exit doors & signs

Windows (Windscreen & Side Windows)

- Clean & in good condition
- View not obstructed e.g. by stickers, etc.
- Valid Tax/insurance discs present
- Windscreen washers & wipers working correctly & in good condition

Lights, Indicators & Reflectors

- All in place & undamaged
- Working
- Clean
- Correct colour

Wheels & Tyres

- Tyres correctly inflated
- Tyres correct tread depth
- Tyres undamaged: no abrasions, bulges or tears
- Wheel nut indicators correctly aligned (if fitted)
- Road wheel nuts all in place, correctly fitted & secure

Vehicle Access

- Steps undamaged
- Good unworn surface
- Clean
- Good handholds
- Door working properly



DAILY VEHICLE INSPECTION

Date:

Vehicle ID:

Mileage/ KM:

Check	Item	Reference	Result	Remark
<input type="checkbox"/>	Tyre – Tread Depth			
<input type="checkbox"/>	Tyre – Inflation Pressure			
<input type="checkbox"/>	Tyre – Cracks and Cuts			
<input type="checkbox"/>	Engine – Oil Level			
<input type="checkbox"/>	Engine – Coolant Level			
<input type="checkbox"/>	Engine – Brake Fluid Level			
<input type="checkbox"/>	Engine – Clutch Fluid Level			
<input type="checkbox"/>	Engine – Battery Water Level			
<input type="checkbox"/>	Engine – Steering Fluid			
<input type="checkbox"/>	Light – Interior			
<input type="checkbox"/>	Light – Turn			
<input type="checkbox"/>	Light – Reverse			
<input type="checkbox"/>	Light – Tail			
<input type="checkbox"/>	Light – Emergency			
<input type="checkbox"/>	Accessory – Tape/Radio			
<input type="checkbox"/>	Control – Horn			
<input type="checkbox"/>	Control – Engine Start			
<input type="checkbox"/>	Control – Central Lock			
<input type="checkbox"/>	Control – Power Window			
<input type="checkbox"/>	Control – Heater/AC			
<input type="checkbox"/>	Control – AT/MT Operation			
<input type="checkbox"/>	Control – Brake Operation			
<input type="checkbox"/>	Control – Wipers/washers			
<input type="checkbox"/>	Control – Steering Operation			
<input type="checkbox"/>	Tool – Jack and Wheel Spanner			
<input type="checkbox"/>	Tool – First Aid Kit			
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

Driver's Name and Signature _____

Inspector's Name and Signature _____

Form
ODA0008
 (Rev. 02/01/2019)
 Ohio Department of Aging

DAILY VEHICLE INSPECTION

VEHICLE ID	LAST SIX DIGITS OF VIN	MAKE & MODEL

THE PROVIDER SHALL INSPECT THE FOLLOWING ITEMS BEFORE PROVIDING THE FIRST TRIP OF THE DAY

WEEK OF ___/___/___		SUN	MON	TUES	WED	THURS	FRI	SAT	
ODOMETER READING									
INSPECTION ITEMS		Yes	No	Yes	No	Yes	No	Yes	No
EXTERIOR	Ground under vehicle free of leaked fluids?								
	Auto body free of new damage?								
	Clean windows and mirrors?								
	Windshield wipers/washers appear OK?								
TIRES APPEAR OK?	Properly inflated?								
	Free of visible damage?								
UNDER THE HOOD <small>The provider shall check oil and belts before starting vehicle.</small>	Adequate clean oil?								
	Hoses appear OK? (e.g., no cracks, leaks)								
	Belts appear OK? (e.g., no fraying)								
	Adequate windshield washer fluid?								
ITEMS STORED IN VEHICLE?	Current, valid insurance ID card?								
	Current, valid vehicle registration?								
	Biohazard kit?								
	First-aid kit?								
	Seatbelt cutter?								
	Flares or reflective triangles?								
	Fire extinguisher?								
ITEMS INSPECTED FROM THE INTERIOR APPEAR OK?	Blanket? (winter only)								
	Seat belts?								
	Seats hazard-free (tears, loose armrests)?								
	Floor free of hazards?								
	Clean interior?								
	Mirrors adjusted properly?								
	Doors operate from inside and outside?								
	Door locks?								
	Gauges? (e.g., oil, fuel, temp.)								
	Fuel level adequate?								
	No warning lights (e.g., check brakes) lit?								
	2-way communication device? (e.g., radio/cell)								
	Horn?								
	Back-up alarm (if equipped)?								
Brakes?									
LIGHTS WORKING PROPERLY? <small>The provider shall use a second person to inspect lights that he/she cannot inspect. (e.g., brake lights and back-up lights)</small>	Heater, defroster, and AC?								
	Each headlight (high & low beam)?								
	Each tail light and marker light?								
	Each brake light?								
	Each turn signal?								
	Each back-up light?								
	Hazard lights (front and rear)?								
	License plate light?								
If equipped WHEELCHAIR LIFT and RAMP APPEAR OK?	Interior lights?								
	Operates through complete cycle?								
	Properly secured to vehicle?								
	Proper number of restraints?								
	Free of physical damage or leaking fluid?								
Free of dirt, mud, gravel, salt, etc.?									

ATTESTATION: I hereby verify that the inspection findings above are accurate.	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"> (PRINT NAME) </div> <div style="border-bottom: 1px solid black;"> (SIGNATURE) </div>
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Form ODA0008 (Rev. 02/01/2019)

SCAT BUS INSPECTION

✓ Check Appropriate Box - If Defective (Press Pen Hard for Clear Copy)
 | Items in RED, If Defective Contact Maintenance Immediately |

BUS # _____ - DATE ___/___/___

[CDI INSPECTION]

- Horn
- Mirrors
- Fluid Leaks
- Windshield / Wipers
- Rims / Lugs - Loose / Cracked / Rusted
- Wheels / Tires - Low Air / Cut / Damaged / Cap Loose
- Engine - Leaks Power / Hot / Razes / Stalls / Smokes
- Transmission - No Shift Forward / Reverse
- Brakes - Low Air / Release / Pulls / Squeals / Low / Park
- Steering - Loose / Hard / Pulls / Shimmy / Tilt / Telescoping
- Driver Seat - Lap / Shoulder Belt / Air Bag
- Safety Devices - Fire Ext / First Aid Kit / Reflective Triangle
- Registration / License Plate

[ADA INSPECTION]

- Wheelchair Lift - No Power
- Loose / Raise / Stair
- Seats - Tie Downs
- Kneeler - Slow / Inoperative

[TRANSMISSION]

- Slips / Jumps Out of Gear
- Rough Shift
- No Not Shift Light On

[ENGINE]

- Fast Idle - High / Low
- Inoperative

[BODY]

- Dampers - Front / Rear
- Glass / Molding
- Interior / Exterior - Damage

[LIGHTS]

- Dome
- Farebox
- Door / Step
- Dash - Gauges / Tilt
- Stop Request
- Dest. Sign - Side / Front / Rear
- Step / Tall / Backup / Turn Signal

[DOORS]

- Front - Slow / Fast / Damaged
- Rear - Slow / Fast / Damaged / Sensitive Edge
- Brake - Front or Rear

[ROUTE #] : _____

[RUN #] : _____

[OTHER COMMENTS] _____

OPERATOR SIGNATURE: _____ RELIEF OPERATOR SIGNATURE: _____

RELIEF OPERATOR SIGNATURE: _____ RELIEF OPERATOR SIGNATURE: _____

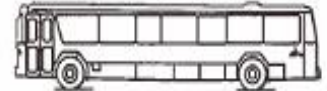
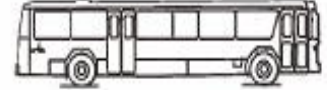
(Legible signatures are a legal requirement) Initials NOT acceptable.

MAINTENANCE

Road Call Serviced by _____

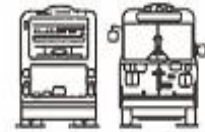
Fluids Added _____ of

- Engine Oil
- Transmission Fluid
- Coolant
- Power Steering Fluid



Other Repairs on Road:

- Body
- Wheels / Tires
- Lights
- Wheelchair Lift
- Doors
- Suspension
- Engine
- Transmission
- Brakes
- Steering
- AC / Heating



Other _____

Shop Repairs

1. Item Repaired _____

Date ___/___/___ Mechanic _____ RO # _____

2. Item Repaired _____

Date ___/___/___ Mechanic _____ RO # _____

3. Item Repaired _____

Date ___/___/___ Mechanic _____ RO # _____

Top Copy (White) Pre-Trip Maintenance Box (Prior to Leaving) Second Copy (Canary) Dispatch (Turn in at end of trip) Third Copy (Pink) Maintenance (Leave on Bus) Hard Copy (Manila) (Leave on Bus)

Bus & PSV Driver Walkaround Checks

DRIVER'S VEHICLE INSPECTION REPORT

PRE TRIP INSPECTION DATE: _____ TIME: _____ LOCATION: _____ CARRIER'S NAME: _____

POST TRIP INSPECTION DATE: _____ TIME: _____ LOCATION: _____ CARRIER'S ADDRESS: _____

TRACTOR/TRUCK D = DRIVER M = MECHANIC OR AUTHORIZED REPAIRER

UNIT#: _____

X FOR DEFECT WHEN CORRECTED

D M		D M		D M	
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#1	#2	#3	#4	1 _____	2 _____
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ODOMETER KM END OF DAY _____ CONDITION OF ABOVE VEHICLES ARE SATISFACTORY

ODOMETER KM START OF DAY _____ ABOVE DEFECTS CORRECTED

TOTAL KM DRIVEN TODAY _____ ABOVE DEFECTS NEED NOT BE CORRECTED FOR SAFE OPERATION OF VEHICLE

DRIVER'S NAME (PRINT) _____

DRIVER'S SIGNATURE _____ AUTHORIZED REPAIRER'S SIGNATURE _____ DATE _____

BY SIGNING I DECLARE THAT I HAVE INSPECTED THE ABOVE NOTED UNITS AS REQUIRED BY BOTH THE NSC AND FMCSA

ORIGINAL: SUBMIT TO CARRIER DUPLICATE (PHOTOCOPY): DRIVER TO RETAIN

TYPICAL PASSENGER TRANSPORT VEHICLE INSPECTION GUIDE

STEP 1: Engine Compartment			
Fluids			
Belts and hoses			
Components			
STEP 2: Front of Vehicle		Headlights, Signal & Clearance Lights	
Windshield Wipers			
Lights and reflectors			
STEP 3: Right Front Corner			Entry Area
General condition		Engine Start	Front Suspension & Brake
Right front wheel			
Right outside mirror			
Front passenger door			
STEP 4: Right Side of Vehicle			Front Wheel
General condition			
Lights and reflectors			
Exit doors			
Fuel cap			
Fuel tank			
Exterior body			
Baggage compartment doors			
Right rear wheels			
STEP 5: Rear of Vehicle			Fuel Tank Area
General condition		Passenger Items	Baggage Compartments
Lights and reflectors			
Engine cover and inspection doors			
Bellows level			
Fluid leaks			
Exhaust			
STEP 6: Left Side of Vehicle			
General condition			
Lights and reflectors			
Exterior body			
Left rear wheels			
Battery box			
STEP 7: Left Front Corner			Rear Wheels
General condition			
Left front wheel			
Left outside mirror			
STEP 8: Inside the Vehicle			Rear Suspension & Brakes
Fire extinguisher (if applicable)		Engine Compartment	
Emergency reflectors (if applicable)			
Passenger entry and exit door			
Emergency exits			
Interior lights			
Rear door interlock (if applicable)			
Seats			
Handrails			
STEP 9: Operator's Cab		Signal, Brake, and Clearance Lights	
Service brakes	Gauges		
Parking brakes	Horn		
Steering Mechanism	Wiper operation		
Wheel chair lift & tie downs (if applicable)	Mirrors		
Driver's seat belt	Turn signals		
Passenger signals	Lights		
Radio/PA system	Heater/defroster		
Destination signs	Sun visors		
STEP 10: In Cab Brake Check			