

School Bus Safety Inspection Checklist

Bus Number:

License Plate:

Inspector Name:

Date of Inspection:

Checklist Items

Item	Pass	Fail	Comments
Brake System	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Lights (Headlights, Taillights, Stop Lights)	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Emergency Exits	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Mirrors	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Tires	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
First Aid Kit	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Fire Extinguisher	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Seat Belts	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Horn	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>
Dashboard Indicators	<input type="checkbox"/>	<input type="checkbox"/>	<div></div>

Additional Comments:

Inspector Signature: