



ANNUAL PRE-TRIP EVALUATION TYPE III SCHOOL BUS DRIVER

District / Carrier _____

Evaluator _____

Driver _____

Date _____

	CHECKED YES	NO		CHECKED YES	NO
MECHANICAL CHECK:					
Coolant level	<input type="checkbox"/>	<input type="checkbox"/>			
Oil level	<input type="checkbox"/>	<input type="checkbox"/>			
Power steering fluid	<input type="checkbox"/>	<input type="checkbox"/>			
Transmission fluid	<input type="checkbox"/>	<input type="checkbox"/>			
Windshield washer fluid	<input type="checkbox"/>	<input type="checkbox"/>			
Alternator and battery	<input type="checkbox"/>	<input type="checkbox"/>			
Water pump	<input type="checkbox"/>	<input type="checkbox"/>			
Power steering pump	<input type="checkbox"/>	<input type="checkbox"/>			
Check belts and hoses	<input type="checkbox"/>	<input type="checkbox"/>			
Check for leaks	<input type="checkbox"/>	<input type="checkbox"/>			
Wheel: tire, lugs, rims	<input type="checkbox"/>	<input type="checkbox"/>			
Brakes: drum, rotators, lining, fluid (level / leaks), parking	<input type="checkbox"/>	<input type="checkbox"/>			
Springs, shock absorbers	<input type="checkbox"/>	<input type="checkbox"/>			
Fuel gauge (level)	<input type="checkbox"/>	<input type="checkbox"/>			
EXTERNAL INSPECTION:					
Lights: signal, stop, headlights, license plate light	<input type="checkbox"/>	<input type="checkbox"/>			
Doors and mirrors	<input type="checkbox"/>	<input type="checkbox"/>			
Window glass	<input type="checkbox"/>	<input type="checkbox"/>			
Fuel tanks	<input type="checkbox"/>	<input type="checkbox"/>			
Exhaust	<input type="checkbox"/>	<input type="checkbox"/>			
			INTERNAL INSPECTION:		
			(Engine running, parking brake on)		
			Oil pressure builds		
			<input type="checkbox"/>	<input type="checkbox"/>	
			Ammeter/voltmeter		
			<input type="checkbox"/>	<input type="checkbox"/>	
			Lighting indicators		
			<input type="checkbox"/>	<input type="checkbox"/>	
			Steering play		
			<input type="checkbox"/>	<input type="checkbox"/>	
			Horn		
			<input type="checkbox"/>	<input type="checkbox"/>	
			Clutch/gearshift		
			<input type="checkbox"/>	<input type="checkbox"/>	
			Heater/defroster		
			<input type="checkbox"/>	<input type="checkbox"/>	
			Mirrors		
			<input type="checkbox"/>	<input type="checkbox"/>	
			Windshield		
			<input type="checkbox"/>	<input type="checkbox"/>	
			Wipers / Washer		
			<input type="checkbox"/>	<input type="checkbox"/>	
			Safety/emergency equipment		
			fire extinguisher		
			first aid, body fluid cleanup kit		
			seat belt cutter		
			<input type="checkbox"/>	<input type="checkbox"/>	
			Seats secure		
			<input type="checkbox"/>	<input type="checkbox"/>	
			Seat belts		
			<input type="checkbox"/>	<input type="checkbox"/>	
			Child restraints / car seats		
			<input type="checkbox"/>	<input type="checkbox"/>	
			WHEELCHAIR		
			Anchor points, belts, straps, lift inspection, interlock safety system functional		
			<input type="checkbox"/>	<input type="checkbox"/>	

Comments / Additional or remedial training performed:

This is the only form approved by the Minnesota State Patrol

