

BUS INSPECTION

U.S. DEPARTMENT OF JUSTICE FEDERAL BUREAU OF PRISONS

INSTITUTION:	BUS NO.:	FIRST DATE OF TRIP:
--------------	----------	---------------------

ODOMETER READINGS:
 DAY 1: _____ DAY 2: _____ DAY 3: _____ DAY 4: _____ DAY 5: _____

Type an **(S)** for the items that are satisfactory and a **(U)** the items that are unsatisfactory. Explain defects on reverse side. Items marked by an **(U)** must show a **(S)** with a mechanic's initials indicating correction before the continuance of operation.

	DAY						DAY				
BEFORE STARTING:	1	2	3	4	5	AFTER STARTING:	1	2	3	4	5
OIL LEVEL						AIR PRESSURE GAUGE/BUZZER/LIGHT					
POWER STEERING FLUID						LIGHTS:					
COOLANT LEVEL						A - FRONT: SIGNAL / HEADLIGHT					
WATER PUMP						B - REAR: SIGNAL / BRAKE / BACKUP					
ALTERNATOR / GENERATOR						C - REAR: TAILLIGHT / REFLECTORS					
AIR COMPRESSOR						D - SIDE: LIGHT / REFLECTORS					
AIR CONDITIONER						MIRROR / WINDSHIELD / HORN					
BATTERIES						WINDSHIELD WIPERS					
FRONT WHEELS:						STEERING WHEEL PLAY					
A - RIMS						RADIO / COMMUNICATION EQUIPMENT					
B - HUB OIL SEALS / LEVEL						PARKING / SERVICE BRAKES					
C - TIRES / LUG NUTS						AIR BRAKE CHECK					
REAR WHEELS:						FRONT BRAKES / SUSPENSION /					
A - RIMS						AIR LEAKS					
B - HUB OIL SEALS / LEVEL						REAR BRAKES / SUSPENSION /					
C - TIRES / LUG NUTS						AIR LEAKS					
TRAILING AXLE:						TRANSMISSION FLUID - COLD IDLE					
A - RIMS						AMPMETER / VOLTMETER					
B - HUB OIL SEALS / LEVEL						HEATER / DEFROSTER					
C - TIRES / LUG NUTS						GEARSHIFT					
CHECK ENGINE COMPARTMENT FOR LEAKS						CHECK UNDERCARRIAGE FOR LEAKS					
SECURITY:	1	2	3	4	5	SAFETY / EMERGENCY:	1	2	3	4	5
CONTRABAND INSPECTION						FIRE EXTINGUISHERS					
CAGES						REFLECTORS					
BARS						FIRST AID KIT					
WINDOWS						BAGGAGE COMPARTMENT					
WEAPONS						DOORS SECURE					
AMMUNITION						PASSENGER ENTRY OKAY					
BADGES						SEATING OKAY					
LOCKS						DURING OPERATION:	1	2	3	4	5
KEYS						SPEEDOMETER					
RESTRAINTS						SERVICE BRAKES					

BUS CREW MEMBER MAKING INSPECTION:

DAY 1: _____ DAY 2: _____ DAY 3: _____ DAY 4: _____ DAY 5: _____

BUS CORRECTIONAL SUPERVISOR:	DATE:

INSTITUTION:	BUS NO.:	FIRST DATE OF TRIP:
--------------	----------	---------------------

Explain defects below: