



Tennessee Department of Human Services
VEHICLE INSPECTION SHEET-BUS
Child Care Facility Vehicles

A safety check must be done annually and signed and dated by a certified mechanic, on all vehicles regularly used to transport children. (TDHS Rules & Regs 1240-04-01-.17(11)(f)(1))

Date of inspection	
Name of center	
Owner of vehicle	
Make of vehicle	
Model of vehicle	
Tag number	
Vehicle ID Number	

On this date, a safety check was done on the vehicle described above. This inspection is valid for 12 months from the date of this inspection.

INSPECT ITEMS LISTED-IF DEFECTIVE, NUMBER AND DESCRIBE IN COMMENTS SECTION

<input type="checkbox"/>	Fluid Leaks Under Bus	<input type="checkbox"/>	Emergency Door & Buzzer
<input type="checkbox"/>	Loose Wires, Hose Connections On	<input type="checkbox"/>	Headlights, Flashers, & 4-Way Flashers
<input type="checkbox"/>	Belts in Engine Compartment	<input type="checkbox"/>	Right Front Tire & Wheel
<input type="checkbox"/>	Oil Level	<input type="checkbox"/>	Front of Bus-Windshield
<input type="checkbox"/>	Radiator Coolant Level	<input type="checkbox"/>	Left Front Tire & Wheel
<input type="checkbox"/>	Battery	<input type="checkbox"/>	Stop Arm
<input type="checkbox"/>	Transmission	<input type="checkbox"/>	Exhaust System
<input type="checkbox"/>	Unusual Engine Noise	<input type="checkbox"/>	Left Side of Bus-Windows & Lights
<input type="checkbox"/>	Gauges & Warning Lights	<input type="checkbox"/>	Left Rear Tires & Wheels
<input type="checkbox"/>	Switches	<input type="checkbox"/>	Rear of Bus-Windows & Lights
<input type="checkbox"/>	Horn	<input type="checkbox"/>	Tail Pipe
<input type="checkbox"/>	Fans & Defrosters	<input type="checkbox"/>	Right Rear Tires
<input type="checkbox"/>	Wipers & Washers	<input type="checkbox"/>	Right Side of Bus-Windows & Lights
<input type="checkbox"/>	Stop Arm Control (Warning Control)	<input type="checkbox"/>	Driver's Seat & Belt

<input type="checkbox"/>	Inside & Outside Mirrors	<input type="checkbox"/>	Directional Lights
<input type="checkbox"/>	Brake Pedal & Warning Light	<input type="checkbox"/>	Parking Brake or Service Brake
<input type="checkbox"/>	Operation of Service Door	<input type="checkbox"/>	Clutch
<input type="checkbox"/>	Emergency Equipment	<input type="checkbox"/>	Steering
<input type="checkbox"/>	First Aid Kit	<input type="checkbox"/>	Wheelchair Lift
<input type="checkbox"/>	Entrance Steps	<input type="checkbox"/>	Condition of Floor
<input type="checkbox"/>	Cleanliness Of Interior		

COMMENTS

Condition of Vehicle is: Satisfactory Unsatisfactory

Driver's or Agency Representative Signature: _____

- ABOVE DEFECTS CORRECTED
- ABOVE DEFECTS NEED NOT BE CORRECTED FOR SAFE OPERATION OF VEHICLE

Mechanics Signature: _____ Date: _____

Driver Reviewing Repairs Signature: _____ Date: _____