



Paratransit Bus & Mobility Lift Pre-Trip Inspection

(All boxes are to be checked for response, Click to initiate check mark If N/A or discrepancies leave blank and fill in comments)

Employee/Driver: _____ Department Name: _____	Vehicle #: _____ Serial #: _____	Date: ___/___/___ Time: ___:___ am <input type="checkbox"/> pm <input type="checkbox"/>
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Inspection reports to be performed daily. Keep reports in the vehicle, and turn in at end of month with your Monthly Vehicle Log, unless there is a new issue and/or one that requires immediate attention.

Mark **every** Box below. Leave blank If it requires Attention or is less than Ideal. Mark If it meets county standards!

Walk Around Visual Inspection I:

- Check for body damage (see column on right)
- Check tire tread (4/32")
- Check windows
- Check mirrors
- Check under vehicles for fluid leaks/irregularities

Under the Hood Inspection :

- | | |
|---|--|
| <input type="checkbox"/> Check oil (full, clean) | <input type="checkbox"/> Air filter |
| <input type="checkbox"/> Check transmission fluid | <input type="checkbox"/> Leaks |
| <input type="checkbox"/> Check coolant | <input type="checkbox"/> Windshield wipers |
| <input type="checkbox"/> Check belts | <input type="checkbox"/> Washer Fluid |
| <input type="checkbox"/> Check battery & cables | |

Interior Inspection:

- Check seating (cleanliness, tears, stains)
- Check seatbelts
- Check parking brake
- Check horn (city & highway)
- Check first aid kit is onboard and full (if applicable)
- Check fire extinguisher is onboard charged (if applicable)
- Rearview Mirror
- Interior Lighting
- Gauges

Start Up Inspection:

- Vehicle starts okay without sounds and/or Hesitation.
- Check airbags (warning light should not be on)
- Check steering wheel & column (not too much play)
- Check lights and turn signals
- Check brakes, lines & brake chamber (no leaks)
- Adjust mirrors

Beginning Mileage: _____

Fuel level at Start* ¼ ½ ¾ full tank

*Borrowed vehicles must be returned with a full tank

While operating the vehicle, always be aware of unusual smells, sounds, vibrations, or anything that does not seem right with the vehicle.

Drivers Notes: (auto-adjust characters max 150:

Walk Around Visual Inspection II:

Mark Damage by drawing directional lines with arrows indicating body damage. The Key can also be used to indicate damage on the illustrations below:

Key

- | | |
|----------------------|------------|
| A- Scratch or Scrape | E- Loose |
| B- Broken | F- Flat |
| C- Cracked | G- Missing |
| D- Dented | |

Front of Vehicle



DAILY PRE-OPERATION CHECKLIST: (BEFORE YOU PREFORM DAILY CHECKLIST)

NOTE: Park Vehicle on level ground, Shift Vehicle Transmission to PARK, and set the EMERGENCY BRAKE.

- Visually check lift for bent or broken parts or for Hydraulic fluid around base.
- Check for hydraulic fluid leaking from cylinder. Lift may be operated if cylinders are weeping a light thin Film of Hydraulic Fluid.
- Check that all DECALS are in place, undamaged and legible.
- Check that all Anti Slip and Safety Striping are in place.
- If the Lift is Dirty? CLEAN IT!
- Make sure the ON / OFF Switch on the pump cover is ON, IF the lift controller display and hand control Are Illuminated. LIFT HAS POWER TO OPERATE!

NOTE: If any of the pre checks have any incorrect indications-Do not operate until repairs are Performed by Qualified Technician.

OPERATIONAL CHECKLIST:

Operate the lift thru ONE full cycle and do the following checks:

- Uses lift Operating Instructions in the manual to **UNFOLD, LOWER, RAISE and FOLD PLATFORM.**
- Make sure lift responds properly to Switches on the hand pendant.
- Listen for unusual noises while the lift operates.
- Watch for uneven movements of the Lift Arms, Platform and Inboard and Outboard ROLLSTOPS.

NOTE: If any Operation Checks have incorrect Indications Discontinue Operating Lift until Repairs Have been made by a Qualified Technician.

Please list and defects below and immediately take bus out of service for repairs!

Auto-Font 500 characters max

Driver Signature: _____ Date: ___/___/___ Time: ____:____ am pm