State of Iowa

SCHOOL/REGIONAL TRANSIT VEHICLE CHASSIS INSPECTION

School_____ Bus No. ____ Owner_____ Make of Chassis_____

Model Year _____ Make of Body_____ License Number_____ Odometer (Mileage) _____

ITEM TO BE INSPECTED		Inspected Item	Item Needs Repair	Date Item Repaired
		CHECK and DATE PROPER AREA		
TIRES & RIMS (FRONT AND REAR)				
1. Wheel Alignments	1.	☐	☐	_____
2. Rims	2.	☐	☐	_____
3. Front Tires (min. 4/32")	3.	☐	☐	_____
4. Rear Tires (min. 2/32")	4.	☐	☐	_____
FRONT AXLE				
5. King Pins and Bushings	5.	☐	☐	_____
6. Ball Joints	6.	☐	☐	_____
7. Springs	7.	☐	☐	_____
a. Leaves	a.	☐	☐	_____
b. Spring Mounts	b.	☐	☐	_____
c. U-Bolts Torqued	c.	☐	☐	_____
8. Steering	8.	☐	☐	_____
a. Tie Rod Ends	a.	☐	☐	_____
b. Drag Links	b.	☐	☐	_____
c. Steering Gear (Wheel Play)	c.	☐	☐	_____
d. Column Bearing Free Play (Top/Bottom)	d.	☐	☐	_____
9. Wheel Bearings Lubed	9.	☐	☐	_____
REAR AXLE				
10. Springs	10	☐	☐	_____
a. Leaves	a.	☐	☐	_____
b. Spring Mounts	b.	☐	☐	_____
c. U-Bolts Torqued	c.	☐	☐	_____
11. Bearings	11	☐	☐	_____
12. Wheel Seals	12.	☐	☐	_____
UNDER CARRIAGE				
13. Universal Joint	13.	☐	☐	_____
14. Hanger/Carrier Bearings	14.	☐	☐	_____
15. Drive-Shaft Guards	15.	☐	☐	_____
16. Body-to-Chassis Mounting Bolts Torqued	16.	☐	☐	_____
17. Shock Absorbers (F and R)	17.	☐	☐	_____
FUEL SYSTEM				
18. Tank and Cage	18.	☐	☐	_____
19. Lines and Connections	19.	☐	☐	_____
EXHAUST SYSTEM				
20. Ex. Mainfold and Gaskets	20.	☐	☐	_____
21. Ex. Pipe and Crossover	21.	☐	☐	_____
22. Muffler	22.	☐	☐	_____
23. Tailpipe and Hangers	23.	☐	☐	_____
INSTRUMENTS & GAUGES				
24. All Gauges Operational	24.	☐	☐	_____
25. Dash and Gauge Lamps	25.	☐	☐	_____

(Over for Brake System Inspection) ➡

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ITEM TO BE INSPECTED	Inspected Item	Item Needs Repair	Date Item Repaired
	CHECK and DATE PROPER AREA		
BRAKE SYSTEM (ALL TYPES)			
1. Drum and/or Rotors	1.	☐	☐	_____
a. Left Front	a.	☐	☐	_____
b. Right Front	b.	☐	☐	_____
c. Left Rear	c.	☐	☐	_____
d. Right Rear	d.	☐	☐	_____
2. Shoes and/or Pads	2.	☐	☐	_____
a. Left Front	a.	☐	☐	_____
b. Right Front	b.	☐	☐	_____
c. Left Rear	c.	☐	☐	_____
d. Right Rear	d.	☐	☐	_____
3. Wheel Cylinders and/or Calipers	3.	☐	☐	_____
a. Left Front	a.	☐	☐	_____
b. Right Front	b.	☐	☐	_____
c. Left Rear	c.	☐	☐	_____
d. Right Rear	d.	☐	☐	_____
4. Hydraulic Brake Lines	4.	☐	☐	_____
5. Master Cylinder & Brake Booster (Hydraulic Only)	5.	☐	☐	_____
6. Park Brake (Set brake and try to move. Vehicle in 2nd gear. Vehicle should not move during moderate acceleration.)	6.	☐	☐	_____

ITEM TO BE INSPECTED		Inspected Item	Item Needs Repair	Date Item Repaired
		CHECK and DATE PROPER AREA		
AIR-BRAKE SYSTEM				
1. Compressor System	1.	☐	☐	_____
a. Belt Condition	a.	☐	☐	_____
b. Belt Alignment	b.	☐	☐	_____
c. Water or Oil Leaks	c.	☐	☐	_____
d. Air Intake - Hose	d.	☐	☐	_____
2. Air Lines and Reservoirs	2.	☐	☐	_____
3. Air Dryer System	3.	☐	☐	_____
a. Functions Properly	a.	☐	☐	_____
b. Is there excessive oil discharge from comp?	b.	☐	☐	_____
4. Wheel Chambers	4.	☐	☐	_____
5. Slack Adjusters (Cond. & Adjustment)	5.	☐	☐	_____
6. S-Cam	6.	☐	☐	_____
a. Nose Roller	a.	☐	☐	_____
b. S-Cam and Bushing	b.	☐	☐	_____

I hereby certify that each item(s) on this form has been inspected and that all necessary reports or adjustments have been made on the date or date(s) noted and that the chassis is now in safe operating condition insofar as the above items are concerned.

Inspected by:

_____
Mechanic's Signature

_____ _____
Garage/Shop/School Town

_____ _____
Address Date

Carry this card on-board vehicle at all times and maintain it in a legible condition for inspection whenever requested.

This card needs to be filled out and replaced once every 12 month period.

6/03 - cjs