



Orange County Transportation Authority  
**ACCESS PREOPERATION INSPECTION  
DEFECT REPORT**

Bus/Van No. \_\_\_\_\_ Date: \_\_\_\_\_

*Federal Regulations state that no motor vehicle carrying passengers for hire shall be driven unless the driver has determined that the following parts and accessories are in good working order. Each driver is required to submit a signed written report daily for each coach driven.*

**1st Driver:** \_\_\_\_\_

Miles Finish: \_\_\_\_\_ Miles Start: \_\_\_\_\_ Miles Elapsed: \_\_\_\_\_

No Defects: ☐ Defects: ☐ Signature: \_\_\_\_\_

**2nd Driver:** \_\_\_\_\_

Miles Finish: \_\_\_\_\_ Miles Start: \_\_\_\_\_ Miles Elapsed: \_\_\_\_\_

No Defects: ☐ Defects: ☐ Signature: \_\_\_\_\_

**3rd Driver:** \_\_\_\_\_

Miles Finish: \_\_\_\_\_ Miles Start: \_\_\_\_\_ Miles Elapsed: \_\_\_\_\_

No Defects: ☐ Defects: ☐ Signature: \_\_\_\_\_

**PREOPERATIONS INSPECTIONS**

Indicate with an (x) that each item has been checked:

AM/PM		AM/PM	
<input type="checkbox"/>	Tires/Lug Nuts (wheels & rims)	<input type="checkbox"/>	Emergency Reflectors
<input type="checkbox"/>	Motor-Guard	<input type="checkbox"/>	Turn Signal Switch/Horn
<input type="checkbox"/>	Air System	<input type="checkbox"/>	First Aid Kit
<input type="checkbox"/>	Lights/Reflectors	<input type="checkbox"/>	Radio
<input type="checkbox"/>	Wheelchair Lifts	<input type="checkbox"/>	Driver's Seat/Belt
<input type="checkbox"/>	Wheelchair Lift Cover	<input type="checkbox"/>	Door Interlock
<input type="checkbox"/>	Mirrors	<input type="checkbox"/>	W/C Tie Down Straps
<input type="checkbox"/>	Windshield Wipers/Washers	<input type="checkbox"/>	Manual Lift Bar
<input type="checkbox"/>	Fire Extinguisher	<input type="checkbox"/>	Conduct Walk Around
<input type="checkbox"/>	Steering Mechanism	<input type="checkbox"/>	Parking/Brakes/Service Brakes

**DEFECTS:** Indicate with an (x) defective items only: (Explain in Detail)

<b>BRAKES</b>	<b>RETARDER</b>	<b>ENGINE</b>
<input type="checkbox"/> Brake Fluid Leaks	<input type="checkbox"/> Light On:	<input type="checkbox"/> Hot Engine/Water Leaks
<input type="checkbox"/> Soft/Hard	<input type="checkbox"/> Brakes Not Applied	<input type="checkbox"/> Low Oil/Oil Leaks
<input type="checkbox"/> Pull to L/R	<input type="checkbox"/> Light On:	<input type="checkbox"/> Starts Hard
<input type="checkbox"/> Dragging	<input type="checkbox"/> Brakes Applied,	<input type="checkbox"/> No Power/Eng. Ck. Light
<input type="checkbox"/> Smoking	<input type="checkbox"/> Bus Stopped	<input type="checkbox"/> Smokes
<input type="checkbox"/> Emergency Brake	<input type="checkbox"/> Light Not On:	<input type="checkbox"/> Idles Rough/Vibration
<input type="checkbox"/> Other - explain	<input type="checkbox"/> Brakes Applied,	<input type="checkbox"/> Exhaust, Vacuum Leaks
	<input type="checkbox"/> Bus Moving	<input type="checkbox"/> Fuel Leaks/LPG/Gas
		<input type="checkbox"/> Other - explain
<b>TIRES/WHEELS</b>	<b>A/C &amp; HEATING</b>	<b>TRANSMISSION</b>
<input type="checkbox"/> Flat	<input type="checkbox"/> Off	<input type="checkbox"/> Won't Go Into Gear
<input type="checkbox"/> Embedded Object	<input type="checkbox"/> Too Cold/Hot	<input type="checkbox"/> Slips/Grinds/Lurches
<input type="checkbox"/> Cut	<input type="checkbox"/> Defroster Defect	<input type="checkbox"/> Excessive Noise
<input type="checkbox"/> Smooth/Cord	<input type="checkbox"/> Ventilation (Blowers)	<input type="checkbox"/> Leaks
<input type="checkbox"/> LF RF RRI RRO LRI LRO	<input type="checkbox"/> Fumes	<input type="checkbox"/> Drive Line Vibration
<input type="checkbox"/> Loose Missing Lugs	<input type="checkbox"/> Other - explain	<input type="checkbox"/> Rear End Noise
<input type="checkbox"/> Other - explain		
<b>LIGHTS</b>	<b>ENTRANCE/EXIT DOORS/</b>	<b>STEERING</b>
<input type="checkbox"/> Interior	<b>WINDOWS</b>	<input type="checkbox"/> Hard/Binds
<input type="checkbox"/> Exterior	<input type="checkbox"/> Slow	<input type="checkbox"/> Shimmy
<input type="checkbox"/> Location: _____	<input type="checkbox"/> Inoperative	<input type="checkbox"/> Excessive Play
	<input type="checkbox"/> Leaks Air	<input type="checkbox"/> Other - explain
	<input type="checkbox"/> Excessive Play	
	<input type="checkbox"/> Other - explain	
	<input type="checkbox"/> Emergency Releases	<b>ELECTRICAL EQUIPMENT</b>
<b>VEHICLE CLEANLINESS</b>	<b>WHEELCHAIR LIFT</b>	<input type="checkbox"/> Generator/Starter
<input type="checkbox"/> Interior	<input type="checkbox"/> Will Not Fold Out	<input type="checkbox"/> Turn Signals/Flashers
<input type="checkbox"/> Exterior	<input type="checkbox"/> Will Not Lower/Raise	<input type="checkbox"/> Horn
<input type="checkbox"/> Floor	<input type="checkbox"/> No Restraint Down/Up	<input type="checkbox"/> Fare Box
<input type="checkbox"/> Windows	<input type="checkbox"/> Lift Will Not Fold Into	<input type="checkbox"/> Instruments/Gauges
<input type="checkbox"/> Seat Condition	<input type="checkbox"/> Bus	<input type="checkbox"/> Fuel, Oil, Amp Meter
Explain: _____		
<b>RADIO</b>	<input type="checkbox"/> Seats	<input type="checkbox"/> Handrails
	<input type="checkbox"/> Modesty Panels	

**BODY DAMAGE:**

Circle and describe any damage to a bus on diagram of front/rear and two side views



Description: \_\_\_\_\_



Description: \_\_\_\_\_



Description: \_\_\_\_\_



Description: \_\_\_\_\_

**OPERATOR(S):**

**IMPORTANT!** Help expedite repairs by providing necessary information regarding defects! Please print.

**REPAIRS MADE:**

**ALL ITEMS COMPLETED - BUS SERVICED AND RELEASED:**

Supervisor's Signature \_\_\_\_\_

Date \_\_\_\_\_