

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

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

SCHOOL/REGIONAL TRANSIT VEHICLE CHASSIS INSPECTION

| ITEM TO BE INSPECTED | Inspected Item | Item Needs Repair | Date Item Repaired | ITEM TO BE INSPECTED | Inspected Item | Item Needs Repair | Date Item Repaired |
|----------------------|----------------|-------------------|--------------------|----------------------|----------------|-------------------|--------------------|
|----------------------|----------------|-------------------|--------------------|----------------------|----------------|-------------------|--------------------|

CHECK and DATE PROPER AREA

CHECK and DATE PROPER AREA

BRAKE SYSTEM (ALL TYPES)

- | | | | | | |
|----|--|----|--------------------------|--------------------------|-------------------|
| 1. | Drum and/or Rotors..... | 1. | <input type="checkbox"/> | <input type="checkbox"/> | <u> </u> |
| a. | Left Front..... | a. | <input type="checkbox"/> | <input type="checkbox"/> | <u> </u> |
| b. | Right Front..... | b. | <input type="checkbox"/> | <input type="checkbox"/> | <u> </u> |
| c. | Left Rear..... | c. | <input type="checkbox"/> | <input type="checkbox"/> | <u> </u> |
| d. | Right Rear..... | d. | <input type="checkbox"/> | <input type="checkbox"/> | <u> </u> |
| 2. | Shoes and/or Pads..... | 2. | <input type="checkbox"/> | <input type="checkbox"/> | <u> </u> |
| a. | Left Front..... | a. | <input type="checkbox"/> | <input type="checkbox"/> | <u> </u> |
| b. | Right Front..... | b. | <input type="checkbox"/> | <input type="checkbox"/> | <u> </u> |
| c. | Left Rear..... | c. | <input type="checkbox"/> | <input type="checkbox"/> | <u> </u> |
| d. | Right Rear..... | d. | <input type="checkbox"/> | <input type="checkbox"/> | <u> </u> |
| 3. | Wheel Cylinders and/or Calipers | 3. | <input type="checkbox"/> | <input type="checkbox"/> | <u> </u> |
| a. | Left Front..... | a. | <input type="checkbox"/> | <input type="checkbox"/> | <u> </u> |
| b. | Right Front..... | b. | <input type="checkbox"/> | <input type="checkbox"/> | <u> </u> |
| c. | Left Rear..... | c. | <input type="checkbox"/> | <input type="checkbox"/> | <u> </u> |
| d. | Right Rear..... | d. | <input type="checkbox"/> | <input type="checkbox"/> | <u> </u> |
| 4. | Hydraulic Brake Lines..... | 4. | <input type="checkbox"/> | <input type="checkbox"/> | <u> </u> |
| 5. | Master Cylinder & Brake Booster (Hydraulic Only) | 5. | <input type="checkbox"/> | <input type="checkbox"/> | <u> </u> |
| 6. | Park Brake (Set brake and try to move. Vehicle in 2 nd gear. Vehicle should not move during moderate acceleration.) | 6. | <input type="checkbox"/> | <input type="checkbox"/> | <u> </u> |

AIR-BRAKE SYSTEM

- | | | | | | |
|----|---|----|--------------------------|--------------------------|-------------------|
| 1. | Compressor System..... | 1. | <input type="checkbox"/> | <input type="checkbox"/> | <u> </u> |
| a. | Belt Condition..... | a. | <input type="checkbox"/> | <input type="checkbox"/> | <u> </u> |
| b. | Belt Alignment..... | b. | <input type="checkbox"/> | <input type="checkbox"/> | <u> </u> |
| c. | Water or Oil Leaks..... | c. | <input type="checkbox"/> | <input type="checkbox"/> | <u> </u> |
| d. | Air Intake - Hose..... | d. | <input type="checkbox"/> | <input type="checkbox"/> | <u> </u> |
| 2. | Air Lines and Reservoirs..... | 2. | <input type="checkbox"/> | <input type="checkbox"/> | <u> </u> |
| 3. | Air Dryer System..... | 3. | <input type="checkbox"/> | <input type="checkbox"/> | <u> </u> |
| a. | Functions Properly..... | a. | <input type="checkbox"/> | <input type="checkbox"/> | <u> </u> |
| b. | Is there excessive oil discharge from comp? | b. | <input type="checkbox"/> | <input type="checkbox"/> | <u> </u> |
| 4. | Wheel Chambers..... | 4. | <input type="checkbox"/> | <input type="checkbox"/> | <u> </u> |
| 5. | Slack Adjusters (Cond. & Adjustment) | 5. | <input type="checkbox"/> | <input type="checkbox"/> | <u> </u> |
| 6. | S-Cam..... | 6. | <input type="checkbox"/> | <input type="checkbox"/> | <u> </u> |
| a. | Nose Roller..... | a. | <input type="checkbox"/> | <input type="checkbox"/> | <u> </u> |
| b. | S-Cam and Bushing..... | b. | <input type="checkbox"/> | <input type="checkbox"/> | <u> </u> |

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

6/03 - cjs

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

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

SCHOOL/REGIONAL TRANSIT VEHICLE CHASSIS INSPECTION

| ITEM TO BE INSPECTED | Inspected Item | Item Needs Repair | Date Item Repaired | ITEM TO BE INSPECTED | Inspected Item | Item Needs Repair | Date Item Repaired |
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CHECK and DATE PROPER AREA

CHECK and DATE PROPER AREA

BRAKE SYSTEM (ALL TYPES)

- | | | | | | |
|----|--|----|--------------------------|--------------------------|-------------------|
| 1. | Drum and/or Rotors..... | 1. | <input type="checkbox"/> | <input type="checkbox"/> | <u> </u> |
| a. | Left Front..... | a. | <input type="checkbox"/> | <input type="checkbox"/> | <u> </u> |
| b. | Right Front..... | b. | <input type="checkbox"/> | <input type="checkbox"/> | <u> </u> |
| c. | Left Rear..... | c. | <input type="checkbox"/> | <input type="checkbox"/> | <u> </u> |
| d. | Right Rear..... | d. | <input type="checkbox"/> | <input type="checkbox"/> | <u> </u> |
| 2. | Shoes and/or Pads..... | 2. | <input type="checkbox"/> | <input type="checkbox"/> | <u> </u> |
| a. | Left Front..... | a. | <input type="checkbox"/> | <input type="checkbox"/> | <u> </u> |
| b. | Right Front..... | b. | <input type="checkbox"/> | <input type="checkbox"/> | <u> </u> |
| c. | Left Rear..... | c. | <input type="checkbox"/> | <input type="checkbox"/> | <u> </u> |
| d. | Right Rear..... | d. | <input type="checkbox"/> | <input type="checkbox"/> | <u> </u> |
| 3. | Wheel Cylinders and/or Calipers | 3. | <input type="checkbox"/> | <input type="checkbox"/> | <u> </u> |
| a. | Left Front..... | a. | <input type="checkbox"/> | <input type="checkbox"/> | <u> </u> |
| b. | Right Front..... | b. | <input type="checkbox"/> | <input type="checkbox"/> | <u> </u> |
| c. | Left Rear..... | c. | <input type="checkbox"/> | <input type="checkbox"/> | <u> </u> |
| d. | Right Rear..... | d. | <input type="checkbox"/> | <input type="checkbox"/> | <u> </u> |
| 4. | Hydraulic Brake Lines..... | 4. | <input type="checkbox"/> | <input type="checkbox"/> | <u> </u> |
| 5. | Master Cylinder & Brake Booster (Hydraulic Only) | 5. | <input type="checkbox"/> | <input type="checkbox"/> | <u> </u> |
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AIR-BRAKE SYSTEM

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| 1. | Compressor System..... | 1. | <input type="checkbox"/> | <input type="checkbox"/> | <u> </u> |
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| b. | Belt Alignment..... | b. | <input type="checkbox"/> | <input type="checkbox"/> | <u> </u> |
| c. | Water or Oil Leaks..... | c. | <input type="checkbox"/> | <input type="checkbox"/> | <u> </u> |
| d. | Air Intake - Hose..... | d. | <input type="checkbox"/> | <input type="checkbox"/> | <u> </u> |
| 2. | Air Lines and Reservoirs..... | 2. | <input type="checkbox"/> | <input type="checkbox"/> | <u> </u> |
| 3. | Air Dryer System..... | 3. | <input type="checkbox"/> | <input type="checkbox"/> | <u> </u> |
| a. | Functions Properly..... | a. | <input type="checkbox"/> | <input type="checkbox"/> | <u> </u> |
| b. | Is there excessive oil discharge from comp? | b. | <input type="checkbox"/> | <input type="checkbox"/> | <u> </u> |
| 4. | Wheel Chambers..... | 4. | <input type="checkbox"/> | <input type="checkbox"/> | <u> </u> |
| 5. | Slack Adjusters (Cond. & Adjustment) | 5. | <input type="checkbox"/> | <input type="checkbox"/> | <u> </u> |
| 6. | S-Cam..... | 6. | <input type="checkbox"/> | <input type="checkbox"/> | <u> </u> |
| a. | Nose Roller..... | a. | <input type="checkbox"/> | <input type="checkbox"/> | <u> </u> |
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Inspected by:

Mechanic's Signature

Garage/Shop/School

Town

Address

Date

6/03 - cjs

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