# 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. | ☐ | ☐ | _____ |

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| 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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|---|---|---|---|---|
| | | 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. | ☐ | ☐ | _____ |

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| **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