

Bus Inspection Form

Inventory ID	Asset Number	Fair Market Value:
Short Description: Year _____ Make _____ Model _____		
VIN:  Title Restriction: <input type="checkbox"/> Y <input type="checkbox"/> N		
Mileage/Odometer:  Odometer Accurate <input type="checkbox"/> Y <input type="checkbox"/> N: _____		
Long Description: <p>Primary use for Bus: _____ # of Passengers: _____</p> <p>This vehicle: <input type="checkbox"/> Starts <input type="checkbox"/> Starts with a Boost and <input type="checkbox"/> Runs <input type="checkbox"/> Does Not Run <input type="checkbox"/> For Parts Only</p> <p>Engine Manufacture: _____ Engine Type: _____ L, V _____ <input type="checkbox"/> Gas <input type="checkbox"/> Diesel Engine</p> <p>This Vehicle was maintained every _____ <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Miles</p> <p>Engine Condition: <input type="checkbox"/> Runs <input type="checkbox"/> Needs repair <input type="checkbox"/> Is in Unknown Condition</p> <p>Repairs needed: _____</p> <p>Date Removed From Service: _____ Maintenance Records: <input type="checkbox"/> Available <input type="checkbox"/> Not Available</p> <p>Transmission Manufacture: _____ <input type="checkbox"/> Automatic <input type="checkbox"/> Manual _____ Speed</p> <p>Transmission Condition is: <input type="checkbox"/> Operable <input type="checkbox"/> Needs Repair <input type="checkbox"/> Unknown <input type="checkbox"/> Rebuilt (Date: _____)</p> <p>Repairs Needed: _____</p> <p>Date Removed From Service: _____ Maintenance Records: <input type="checkbox"/> Available <input type="checkbox"/> Not Available For Inspection</p>		
Exterior Description: <p>Color: _____ Windows: <input type="checkbox"/> No Cracked Glass <input type="checkbox"/> Cracked _____</p> <p>Minor: <input type="checkbox"/> Dents <input type="checkbox"/> Scratches <input type="checkbox"/> Dings Tire Condition: <input type="checkbox"/> Low _____ <input type="checkbox"/> Flat _____</p> <p>Damage to: _____</p> <p>Additional Damage to: _____</p> <p>Decals: <input type="checkbox"/> None <input type="checkbox"/> Have been Sprayed Over <input type="checkbox"/> Have been removed & <input type="checkbox"/> Impressions Remain <input type="checkbox"/> No Impressions</p> <p>Other Exterior Information: _____</p>		
Interior Description: <p>Color _____ <input type="checkbox"/> Vinyl <input type="checkbox"/> Cloth <input type="checkbox"/> Leather</p> <p>Damage to Seats: _____</p> <p>Damage to Dash/Floor: _____</p> <p>Radio: Brand _____ <input type="checkbox"/> AM <input type="checkbox"/> AM/FM <input type="checkbox"/> AM/FM Cassette <input type="checkbox"/> AM/FM CD</p> <p>Air Conditioning: <input type="checkbox"/> Yes <input type="checkbox"/> No AC Operating Condition: <input type="checkbox"/> Cold <input type="checkbox"/> Unknown</p> <p>Other Interior Information/Options: _____</p>		
Other Equipment: Description _____		
Manufacturer _____ Model _____ Serial # _____		
Location of Asset: _____		
For more information contact: _____		