

Washington County School District
Transportation Department
SCHOOL BUS CHECKOUT SHEET

To the Driver: Please circle the appropriate answer to the items indicated BEFORE you use an activity bus or any bus not ordinarily assigned to you.

BUS # _____

Fuel Tank at least Empty $\frac{1}{4}$ $\frac{1}{2}$ $\frac{3}{4}$ Full

Interior of Bus Clean Yes No

Pre-Trip Inspection Yes No

Exterior of Bus Clean Yes No

PLEASE NOTE LOCATION AND TYPE OF BODY DAMAGE:

Please circle the appropriate answer to the items below AFTER you have used an activity bus or any bus not ordinarily assigned to you.

Fuel Tank at least Empty $\frac{1}{4}$ $\frac{1}{2}$ $\frac{3}{4}$ Full

Interior of Bus Clean Yes No

Post-Trip Inspection Yes No

Exterior of Bus Clean Yes No

PLEASE NOTE LOCATION AND TYPE OF BODY DAMAGE:

Driver's Signature: _____ Date: _____