

BUS REPAIR REQUEST FORM

LAURENS COUNTY SCHOOLS

DRIVER'S NAME	BUS NO.	DATE	
<input type="checkbox"/> INTERIOR <input type="checkbox"/> EXTERIOR		MILEAGE	PHONE NUMBER

GENERAL: <input type="checkbox"/> LEAKS <input type="checkbox"/> STEERING SYSTEM/FRONT AXLE <input type="checkbox"/> SERVICE BRAKE <input type="checkbox"/> PARKING BRAKE <input type="checkbox"/> DRIVE LINE/REAR AXLE <input type="checkbox"/> SPRINGS <input type="checkbox"/> EXHAUST SYSTEM <input type="checkbox"/> CHARGING SYSTEM	RIGHT/LEFT SIDE: <input type="checkbox"/> FENDER/CONVEX MIRRORS <input type="checkbox"/> REAR VIEW MIRROR <input type="checkbox"/> WHEELS <input type="checkbox"/> TIRES <input type="checkbox"/> WINDOWS <input type="checkbox"/> BATTERY COMPARTMENT <input type="checkbox"/> CLEARANCE LIGHTS/MARKER <input type="checkbox"/> FUEL CAP/CHAIN	FRONT/REAR: <input type="checkbox"/> WINDOWS <input type="checkbox"/> CLEARANCE LIGHTS/MARKER <input type="checkbox"/> ALTERNATE FLASHERS <input type="checkbox"/> TURN SIGNALS <input type="checkbox"/> WINDSHIELD <input type="checkbox"/> EMERGENCY DOOR <input type="checkbox"/> MIRROR CROSSOVER <input type="checkbox"/> TAIL PIPE <input type="checkbox"/> HEADLIGHTS <input type="checkbox"/> STOP LIGHTS	INTERIOR: <input type="checkbox"/> SAFETY EQUIPMENT <input type="checkbox"/> FIRE EXTINGUISHER <input type="checkbox"/> ROOF HATCH <input type="checkbox"/> REFLECTORS <input type="checkbox"/> FIRST AID KIT <input type="checkbox"/> SEAT FRAME/CUSHIONS <input type="checkbox"/> EMERGENCY DOOR LATCH <input type="checkbox"/> SEAT BELTS <input type="checkbox"/> SERVICE DOORS/STEPS/HANDLES
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DRIVER AREA:

<input type="checkbox"/> HORN	<input type="checkbox"/> AMMETER	<input type="checkbox"/> HEATER FANS	<input type="checkbox"/> IGNITION/MASTER SWITCH
<input type="checkbox"/> FUEL GAUGE	<input type="checkbox"/> VOLTMETER	<input type="checkbox"/> LIGHT MONITOR SYSTEM	<input type="checkbox"/> BRAKE TEST
<input type="checkbox"/> AIR PRESSURE	<input type="checkbox"/> WINDSHIELD WASHER	<input type="checkbox"/> MIRROR ADJUSTMENTS	<input type="checkbox"/> SPEEDOMETER/TACHOGRAPH
<input type="checkbox"/> OIL PRESSURE	<input type="checkbox"/> WINDSHIELD WIPERS	<input type="checkbox"/> RADIO CHECK/AM/2-WAY	<input type="checkbox"/> ONSPOT CHAINS
<input type="checkbox"/> WATER TEMPERATURE	<input type="checkbox"/> DEFROSTER FANS	<input type="checkbox"/> CLUTCH	<input type="checkbox"/> OTHER

OTHER: _____

Driver Signature

Date