

**REVERE LOCAL SCHOOL DISTRICT
BUS REPAIR ORDER**

Date of Request: _____ **Time:** _____ **Bus No.:** _____

Work Requested:

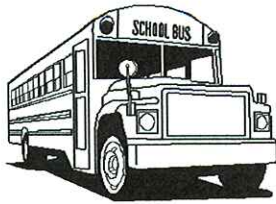
Driver's Signature

Requests for accident or vandalism damage repair must be accompanied by a report to supervisor.

White - Mechanic

Yellow - Transportation Supervisor

Pink - Driver's Copy



**TWINSBURG CITY SCHOOLS
TRANSPORTATION DEPARTMENT
DRIVER REPAIR REQUEST FORM**

Bus #: _____

DRIVER'S NAME: _____ **DATE:** _____

MILEAGE: _____

ENGINE	STEERING	MIRRORS
<input type="checkbox"/> NO POWER/HARD TO START	<input type="checkbox"/> WANDERS	<input type="checkbox"/> CROSS-OVER
<input type="checkbox"/> FAN BELTS (LOOSE/WORN)	<input type="checkbox"/> SHIMMYING	<input type="checkbox"/> WIDE-ANGLE SIDE VIEW
<input type="checkbox"/> OVERHEATS	<input type="checkbox"/> HARD/DIFFICULT	<input type="checkbox"/> SIDE REAR VIEW
<input type="checkbox"/> OIL LEAK	<input type="checkbox"/> EXCESSIVE FREE PLAY	WARNING LIGHTS
TRANSMISSION	ELECTRICAL	<input type="checkbox"/> AMBER
<input type="checkbox"/> FLUID LEAK	<input type="checkbox"/> BATTERY DISCHARGE	<input type="checkbox"/> RED
<input type="checkbox"/> SLIPS	<input type="checkbox"/> HORN	<input type="checkbox"/> STOP ARM
REAR AXLE	<input type="checkbox"/> BLOCK HEATER CONNECTOR	<input type="checkbox"/> BACKUP LIGHTS/BEEPER
<input type="checkbox"/> LEAKING	<input type="checkbox"/> STOP LIGHTS & TAIL LIGHTS	<input type="checkbox"/> HAZARD
<input type="checkbox"/> NOISY	<input type="checkbox"/> TURNING LIGHTS	EMERGENCY EQUIPMENT
SUSPENSION	<input type="checkbox"/> MARKER LIGHTS	<input type="checkbox"/> FUSEES
<input type="checkbox"/> LEAF SPRING (BROKEN)	<input type="checkbox"/> HEAD LIGHTS	<input type="checkbox"/> FIRE EXTINGUISHER
<input type="checkbox"/> ROUGH RIDE	<input type="checkbox"/> INTERIOR LIGHTS	<input type="checkbox"/> FIRST AID
COOLING SYSTEM	BODY	<input type="checkbox"/>
<input type="checkbox"/> LEAKS	<input type="checkbox"/> STEPS/TREAD (REPAIR)	TIRES
<input type="checkbox"/> LACK OF HEAT	<input type="checkbox"/> DAMAGE	<input type="checkbox"/> FLAT
FUEL & EXHAUST	<input type="checkbox"/> SEATS	<input type="checkbox"/> REPLACE (WORN)
<input type="checkbox"/> LOUD EXHAUST	<input type="checkbox"/> GLASS (CRACKED/BROKEN)	MISCELLANEOUS
<input type="checkbox"/> EXHAUST LOOSE/HANGING	<input type="checkbox"/> FLOOR (MOLDING)	<input type="checkbox"/> GAUGES
<input type="checkbox"/> WATER DETECTED IN FUEL (INSTRUMENT PANEL LIGHT)	WIPERS-HEAT	<input type="checkbox"/> FRONT/BACK DOOR BUZZERS
<input type="checkbox"/> FUEL LEAK	<input type="checkbox"/> WIPERS	<input type="checkbox"/>
BRAKES	<input type="checkbox"/> FANS	<input type="checkbox"/>
<input type="checkbox"/> GRABBING	<input type="checkbox"/> DEFROSTERS	<input type="checkbox"/>
<input type="checkbox"/> INSUFFICIENT (SOFT/FADING)	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> WON'T RELEASE	<input type="checkbox"/>	<input type="checkbox"/>
DRIVER'S COMMENTS:		

THIS SECTION TO BE COMPLETED BY BUS GARAGE PERSONNEL ONLY

MECHANIC: _____ **DATE ASSIGNED:** _____ **MAINTENANCE TYPE:**
 1. Corrective _____
 2. Preventive _____

DESCRIPTION OF REPAIR: _____

DATE COMPLETED: _____ **MATERIAL COST**
 (Items logged in Maintenance Record) \$ _____

MECHANIC'S INITIALS: _____

HIGHLAND LOCAL SCHOOL DISTRICT

MECHANICAL DEFECT REPORT FORM

Bus Number

Mileage

Date Defect is Reported

This form should be used whenever a driver notices a mechanical defect on a school bus.

The driver should note the defect in sufficient details to allow the mechanic to make the necessary repairs without the driver being present. The driver should submit this report to the supervisor of transportation.

Description of the Defect or Maintenance

- _____ Brake Adjustment
- _____ Oil Change
- _____ Grease

Driver's Signature

Mechanic's Comments

Date repairs completed

Mechanic's Signature

TWINSBURG CITY SCHOOLS
TRANSPORTATION DEPARTMENT

BUS WASH REPORT

All bus washing shall be scheduled by the Transportation Supervisor on an as needed basis. Each driver shall be paid for one (1) required bus washing per month at his/her regular rate of pay. A driver may secure another driver to perform the required bus washing. Payments shall not exceed a maximum of one (1) hour per washing.

When a driver secures another driver to perform his/her bus washing: (1) he/she must notify the Transportation Supervisor the name of the driver secured to wash their bus; and (2) the secured driver is required to wash the bus completely (including windows & wheel wells). When a driver is washing another drivers bus, he/she will be paid for the time washing the bus; not to exceed one (1) hour.

Bus Driver: _____ Bus Washed _____

Date of Bus Wash: _____ From _____ am/pm to _____ am/pm

Immediately following a bus washing this form must be filled out – dated and signed and returned to the Transportation Supervisor for payment.

Date

Signature of Driver