

# Bus Inspection Form

Inventory ID	Asset Number	Fair Market Value:																											
<b>Short Description:</b> Year _____ Make _____ Model _____																													
<b>VIN:</b> <table border="1" data-bbox="203 283 1144 346"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> Title Restriction: <input type="checkbox"/> Y <input type="checkbox"/> N <b>Mileage/Odometer:</b> <table border="1" data-bbox="365 346 690 409"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> Odometer Accurate <input type="checkbox"/> Y <input type="checkbox"/> N: _____																													
<b>Long Description:</b> Primary use for Bus: _____ # of Passengers: _____ 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"/> <b>For Parts Only</b> <b>Engine Manufacture:</b> _____ <b>Engine Type:</b> _____ L, V _____ <input type="checkbox"/> Gas <input type="checkbox"/> Diesel Engine This Vehicle was maintained every _____ <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Miles <b>Engine Condition:</b> <input type="checkbox"/> Runs <input type="checkbox"/> Needs repair <input type="checkbox"/> Is in Unknown Condition Repairs needed: _____ Date Removed From Service: _____ Maintenance Records: <input type="checkbox"/> Available <input type="checkbox"/> Not Available <b>Transmission Manufacture:</b> _____ <input type="checkbox"/> Automatic <input type="checkbox"/> Manual _____ Speed <b>Transmission Condition</b> is: <input type="checkbox"/> Operable <input type="checkbox"/> Needs Repair <input type="checkbox"/> Unknown <input type="checkbox"/> Rebuilt (Date: _____) Repairs Needed: _____ Date Removed From Service: _____ Maintenance Records: <input type="checkbox"/> Available <input type="checkbox"/> Not Available For Inspection																													
<b>Exterior Description:</b> <b>Color:</b> _____ <b>Windows:</b> <input type="checkbox"/> No Cracked Glass <input type="checkbox"/> Cracked _____ <b>Minor:</b> <input type="checkbox"/> Dents <input type="checkbox"/> Scratches <input type="checkbox"/> Dings <b>Tire Condition:</b> <input type="checkbox"/> Low _____ <input type="checkbox"/> Flat _____ Damage to: _____ Additional Damage to: _____ 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 Other Exterior Information: _____																													
<b>Interior Description:</b> Color _____ <input type="checkbox"/> Vinyl <input type="checkbox"/> Cloth <input type="checkbox"/> Leather Damage to Seats: _____ Damage to Dash/Floor: _____ Radio: Brand _____ <input type="checkbox"/> AM <input type="checkbox"/> AM/FM <input type="checkbox"/> AM/FM Cassette <input type="checkbox"/> AM/FM CD Air Conditioning: <input type="checkbox"/> Yes <input type="checkbox"/> No AC Operating Condition: <input type="checkbox"/> Cold <input type="checkbox"/> Unknown Other Interior Information/Options: _____																													
<b>Other Equipment: Description</b> _____ <b>Manufacturer</b> _____ <b>Model</b> _____ <b>Serial #</b> _____																													
<b>Location of Asset:</b> _____ <b>For more information contact:</b> _____																													