

IOWA DEPARTMENT OF EDUCATION
TYPE III PRE-USE INSPECTION FORM (TR-F-27B)
Revised 10/15

ENTITY NAME _____ LICENSE PLATE # _____

BODY MODEL NAME _____ MAKE OF CHASSIS _____

VEHICLE YEAR _____ / VEHICLE TYPE: TYPE III / VEHICLE RATED CAPACITY _____

FUEL TYPE:

- DIESEL _____
- GAS _____
- ALTERNATIVE FUEL _____ (SPECIFY ALT. FUEL TYPE)

VIN _____

THESE ITEMS TO BE INSPECTED BEFORE VEHICLE GOES INTO SERVICE – Place X or checkmark in box

<p>1. BACKUP ALARM – 2007 and newer - (meeting SAE J994B) minimum 112dBA <input type="checkbox"/></p> <p>2. BRAKES:</p> <p>a. Service Brakes: functioning <input type="checkbox"/></p> <p>b. Parking Brakes: functioning <input type="checkbox"/></p> <p>3. BUMPER – front - installed <input type="checkbox"/></p> <p>4. BUMPER – rear - installed <input type="checkbox"/></p> <p>a. Ethanol Sticker per Governor Exec Order <input type="checkbox"/></p> <p>5. DOORS:</p> <p>a. Operating correctly <input type="checkbox"/></p> <p>b. Door handles inside and outside working <input type="checkbox"/></p> <p>6. DOOR LOCKS FUNCTIONING <input type="checkbox"/></p> <p>7. EMERGENCY EQUIPMENT:</p> <p>a. First aid kit <input type="checkbox"/></p> <p>b. Disposable body fluid kit (2007+) <input type="checkbox"/></p> <p>c. Fire extinguisher (min 2A10BC rating, 2.5#) <input type="checkbox"/></p> <p>d. Webbing cutter (driver accessible) (2007+) <input type="checkbox"/></p> <p>e. All emergency equipment secured <input type="checkbox"/></p> <p>8. EXHAUST – per OEM specifications <input type="checkbox"/></p> <p>9. FUEL TANK: secure <input type="checkbox"/></p> <p>10. GAUGES & INDICATOR LIGHTS:</p> <p>a. Speedometer <input type="checkbox"/></p> <p>b. Odometer <input type="checkbox"/></p> <p>c. Oil pressure gauge <input type="checkbox"/></p> <p>d. Water temp. gauge <input type="checkbox"/></p> <p>e. Fuel gauge <input type="checkbox"/></p> <p>f. Turn signal indicators <input type="checkbox"/></p> <p>g. Headlamps-high beam indicator <input type="checkbox"/></p> <p>h. ABS & Low Tire light in dash <input type="checkbox"/></p> <p>11. HEAD LIGHTS - hi/low features <input type="checkbox"/></p>	<p>12. HEATERS / DEFROSTERS - functioning <input type="checkbox"/></p> <p>13. HORNS - dual horns, operating <input type="checkbox"/></p> <p>14. I.D. SIGNS:</p> <p>a. School sign proper size - 144 square inches <input type="checkbox"/></p> <p>b. 'No Smoking' sticker – per Iowa DPH <input type="checkbox"/></p> <p>15. LAMPS, LIGHTS AND SIGNALS:</p> <p>a. Headlights (high/low beam) <input type="checkbox"/></p> <p>b. Backup lights <input type="checkbox"/></p> <p>c. Stop Lights / Tail Lights / Turn Signals <input type="checkbox"/></p> <p>d. License plate lamp <input type="checkbox"/></p> <p>e. Dome lights <input type="checkbox"/></p> <p>f. Instrument panel lights <input type="checkbox"/></p> <p>16. MIRRORS:</p> <p>a. Interior <input type="checkbox"/></p> <p>b. Rear view (outside) (heated) <input type="checkbox"/></p> <p>17. SEATS - secured properly <input type="checkbox"/></p> <p>18. SEAT – DRIVER'S:</p> <p>a. Secured with nuts, bolts & washers <input type="checkbox"/></p> <p>b. Multi-position adjustment by driver <input type="checkbox"/></p> <p>c. Lap belt/shoulder harness <input type="checkbox"/></p> <p>19. SHOCK ABSORBERS & STRUTS</p> <p>a. Double acting front & rear (shocks) <input type="checkbox"/></p> <p>20. SPRINGS / SUSPENSION:</p> <p>a. Rear Springs: no broken parts <input type="checkbox"/></p> <p>b. Front Springs: no broken parts <input type="checkbox"/></p> <p>21. SUN VISORS <input type="checkbox"/></p> <p>22. TIRES – tread depth & spare <input type="checkbox"/></p> <p>23. WINDSHIELD WIPERS/WASHERS <input type="checkbox"/></p> <p>24. WINDSHIELD WIPER/WASHER - rear <input type="checkbox"/></p>
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SIGNATURE: _____

Pre-Use Inspection Date: _____ Location: _____

Please return a copy of the completed form to:

Iowa Department of Education
 School Transportation
 Grimes State Office Building
 400 E 14th Street
 Des Moines, Iowa 50319-0146

Or **FAX A COPY TO 515-242-5988**