# NEW HAMPSHIRE
# DEPARTMENT OF SAFETY
# DIVISION OF
# STATE POLICE

# SCHOOL BUS
# INSPECTION REPORT

<table>
<thead>
<tr>
<th>VIN #</th>
<th>OWNER</th>
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<tbody>
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<table>
<thead>
<tr>
<th>DISTRICT #/BUS #</th>
<th>ADDRESS</th>
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<table>
<thead>
<tr>
<th>REG. #</th>
<th>YEAR</th>
<th>MAKE/BODY</th>
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<table>
<thead>
<tr>
<th>CAPACITY</th>
<th>MILEAGE</th>
<th>INSP. LOC.</th>
<th>DATE INSPECTED</th>
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1. **EXHAUST SYSTEM**
   - DEFECT AT:

   - SCHOOL BUS TYPE: A B C D MP

## BRIEF DESCRIPTION

### BRIEFS

#### BRAKES
- SERVICE
- EMERGENCY

#### LIGHTS
- HEAD L-R
- REAR L-R
- STOP L-R
- DIRECTIONAL L-R
- CLEARANCE
- AMBER
- RED FLASHER L-R
- STOP SIGNAL ARM
- BACK-UP
- INTERIOR
- SERVICE DOOR STEP

#### STEERING
- BEARINGS
- STEERING ARM
- DRAG LINK
- THE ROD ENDS L-R
- KING PINS

#### TIRES/WHEELS
- WHEELS/RIMS L-R
- FRONT TIRES L-R
- REAR TIRES L-R
- DUAL OUTSIDE L-R
- DUAL INSIDE L-R

#### FRONT SPRINGS L-R
- REAR SPRINGS L-R
- BALL JOINTS
- U-BOLTS
- OTHER

### DOORS

### INTERIOR

### FIRE EXT.

### EMERGENCY EQUIPMENT

### INSTRUMENT PANEL

### EXTERIOR

### NOTES

- □ INSPECTION
- □ RE-CHECK
- □ SPOT CHECK

DSSP 336
IMPORTANT NOTICE

Any and all defects/repairs noted on the face of this form must be completed, the certification of completion filled in below, and this form mailed to the Division of State Police, Troop G at the address below prior to any students being transported by this vehicle.

To be filled in by an authorized inspection station after repairs are completed.

NH Inspection Station: ____________________________________________ Station #: ____________________

Date: ___________________________ (Signature of Authorized Person)

Month/Day/Year

NOTE: All repairs listed are subject to review by State Police, Troop G.

MAIL TO: NH Department of Safety
Division of State Police
Troop G
33 Hazen Drive
Concord, New Hampshire 03305