

**Department of Public Safety
Office of Pupil Transportation Safety**



**First Time Inspection School Bus
(Special Mobility)**

Type A, B, C, D; Special Mobility buses must conform to minimum standards set forth in Minnesota State Statutes 169.4501 to 169.4504; in addition to all applicable federal rules, regulations and laws regarding school bus construction.

This form may be completed in addition to the First Time Inspection form for all Type A, B, C, D; Special Mobility buses. In addition, this form shall serve as a guide to ensure the Special Mobility Inspection is conducted using the standards set forth in the School Bus Inspection Manual.

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	Pass	Fail	N/A		Pass	Fail	N/A
1. Alterations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Power Lift Controls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Lift or Ramp Location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Power Lift Platform	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Seating Capacity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Ramp	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Special Service Opening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Barrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a) Size	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Wheel Chair Securement(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Strength	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Special Restraining Devices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Drip Molding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Seats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Header Pad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
e) Doors (outward)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
f) Two Panel Door	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
a. Flange	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
b. Safety Glass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
c. Open Securement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
g) One Door Panel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
a. Open Securement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
b. Locking Device	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
c. Weather Stripping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
d. Safety Glass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
h) Door Location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				