

PASSENGER BUS
PREVENTIVE MAINTENANCE REPORT
 (MD TR §§23-301--23-305; COMAR 11.22; FMCSR §396.17)

Owner's Name _____ Address _____
 Telephone () _____
 Make _____ Model _____ Year _____
 Company Name _____ Tag Number _____
 Manufacturer's Vehicle ID Number _____
 Title Number _____

COMAR 11.22.03	Components	Passed	Failed	Date Repaired*
.02	Alignment			
.03	Suspension			
.04	Steering			
.05	Brake Systems - Hydraulic/Vacuum			
.06	Brake System - Air			
.07	Tires			
.08	Wheels, Rims, Lock Rings, Studs, and Nuts			
.09	Accelerator Pedal and Air Throttle			
.10	Fuel Storage and Delivery System			
.11	Exhaust System			
.12	Universal Joints and U-Clamps			
.13	Vehicle Frame, Body, and Sheet Metal			
.14	Lighting			
.15	Electrical System			
.16	Emergency Equipment			
.17	Seats and Seat Belts			
.18	Sun Visor			
.19	Mirrors			
.20	Glazing			
.21	Windshield Wipers and Washers			
.22	Defroster			
.23	Auto Trans Gear Selector/Neutral Safety Switch			
.24	Speedometer and Odometer			
.25	Brake and Clutch Pedal			
.26	Horn			

Inspected: (a) Date _____ (b) Vehicle Mileage _____
 Inspected By (Print) _____ Repaired by (Print) _____
 Certified by (Print) _____ (Signature) _____
 (Owner or authorized representative)