

EXHIBIT E

PRE-TRIP BUS CONDITION CARD



Pre-Trip Bus Condition Card

WASHINGTON METROPOLITAN AREA TRANSIT AUTHORITY

Bus _____ Date _____ Operator's Name _____

Block _____ Division _____ Operator's No. _____ Run No. _____

SAFETY RELATED DEFECTS ARE SHADED	
ENGINE	
Noisy	
Runs Hot	
Misses	
Idles <input type="checkbox"/> Fast <input type="checkbox"/> Slow	
No Power	
Low Oil Pressure	
Oil Leak	
Water Leak	
Exhaust Leak	
Fuel Leak	
Accelerator Stiff	
Starting Trouble	
Poor Acceleration	
STEERING	
Hard	
Shimmy	
Loose	
Steering Wheel	
ELECTRICAL	
Generator Not Charging	
Horn	
Battery	
Light <input type="checkbox"/> Interior <input type="checkbox"/> Exterior	
Fare Box Light Out	
Clearance Lights	
Signal Lights & Flashers	
BRAKES	
Air Pressure <input type="checkbox"/> High <input type="checkbox"/> Low	
Air Leaks on Application	
Full <input type="checkbox"/> Right <input type="checkbox"/> Left	
Too Sensitive	
Service Brake Slack	
Parking Brake Slack	
Slow Releasing	
SAFETY EQUIPMENT	
Stop Lights	
Leaks - Fluid/Exhaust/Air	
Windshield Wipers	
Wheel Chock	
Safety Triangles	
Drivers Seat/Seat Belt	
VIDEO SURVEILLANCE	
Camera System - Green Light or OK	
DriveCam	
CHAIR LIFTS	
Won't Kneel or Raise	
Out of Order	
TRANSMISSION	
Noisy	
Hard To Shift	
Gears Rake	
Jumps Out of Gear	
Won't Shift to High	
Hangs in High	
Shifts Too Soon	
Slips in Low	
Leaks Oil	
CHASSIS	
Out of Line	
Suspension Springs	
Tires	
Wheels/Lugs	
BODY	
Front Heater <input type="checkbox"/> Too Hot <input type="checkbox"/> Cold	
Passenger Heat	
Radio Out of Order	
Air Conditioner <input type="checkbox"/> No Cool <input type="checkbox"/> Noisy	
<input type="checkbox"/> Defroster <input type="checkbox"/> Ventilators	
Buzzer	
Floor Covering	
ADA Securement	
Seats <input type="checkbox"/> Loose <input type="checkbox"/> Covering	
Driver's Seat	
Windows <input type="checkbox"/> Glass <input type="checkbox"/> Operation	
Roof Leaks	
Operator's Shield	
Mirrors	
P.A. Out of Order	
Speedometer	
Fire Extinguisher	
Amerax Light Illuminated	
FRONT DOORS	
Interlock	
Speed <input type="checkbox"/> Slow <input type="checkbox"/> Fast	
Hang	
Valve Leak	
REAR DOORS	
Speed <input type="checkbox"/> Slow <input type="checkbox"/> Fast	
Won't Open	
Interlock	
Hang Open	

Operator's Remarks _____

Operator's Signature: _____ Date: _____

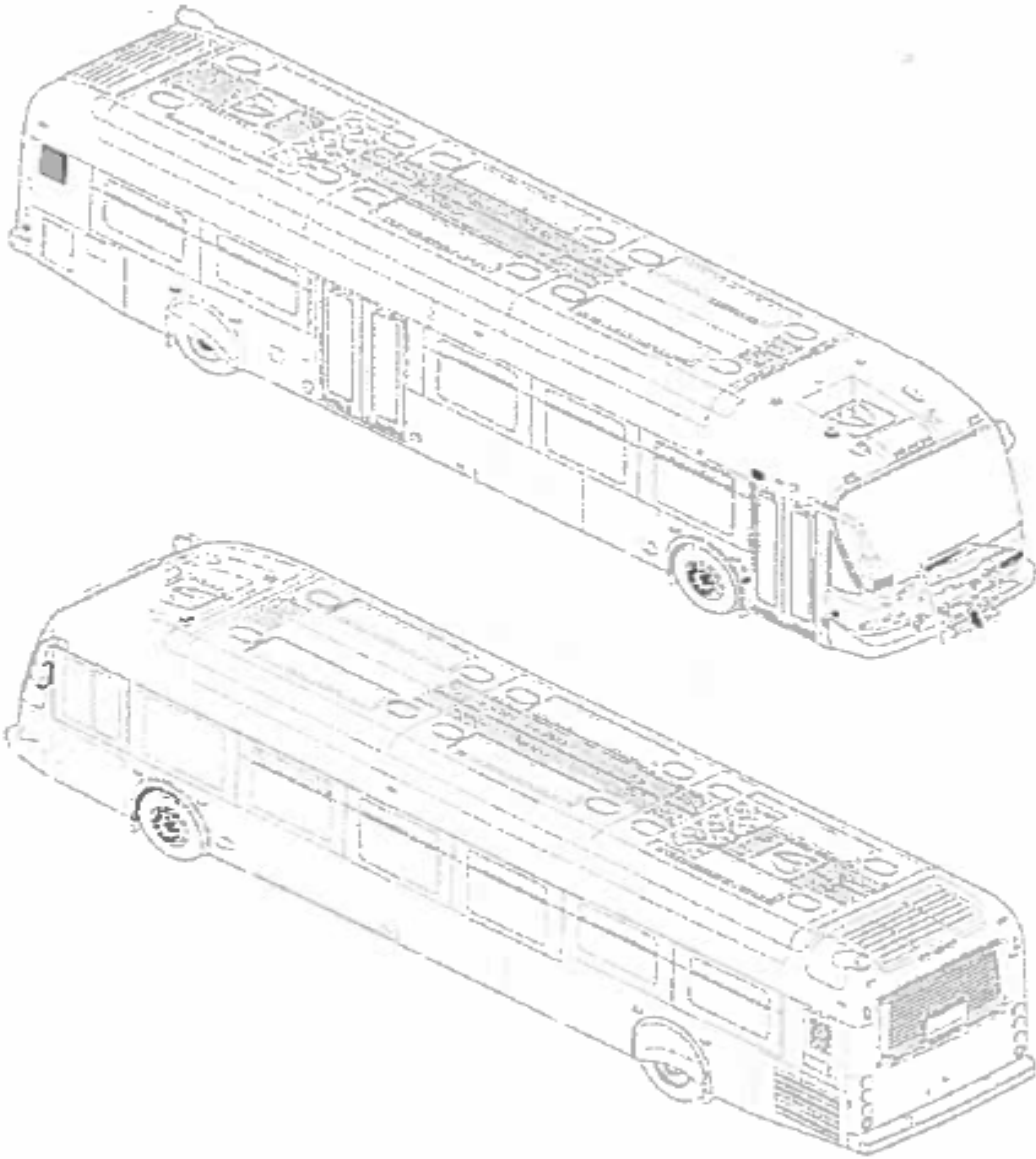
Mechanic's Remarks _____

Mechanic's Signature: _____ Date: _____

068-00-0837 07/15

SAFETY IS OUR #1 PRIORITY

Please indicate areas of body damage



**Be reminded that vehicles backing up
have right of way**