

ALABAMA SCHOOL BUS DRIVER RECORD & REPORT BOOK

SCHOOL YEAR 20 _____ - 20 _____



BUS NUMBER _____ DRIVER NAME _____

SCHOOL SYSTEM _____

SCHOOLS/AGENCIES SERVED BY TRIPS

(LIST SCHOOLS/AGENCIES IN THE ORDER THEY ARE SERVED IN THE MORNING)

SCHOOL/FACILITY	HOURS OF OPERATION
A. _____	_____ to _____
B. _____	_____ to _____
C. _____	_____ to _____
D. _____	_____ to _____

ALABAMA STATE DEPARTMENT OF EDUCATION
PUPIL TRANSPORTATION SECTION
P.O. BOX 302101
MONTGOMERY, ALABAMA 36130-2101
334-242-9730

THOMAS R. BICE, STATE SUPERINTENDENT OF EDUCATION

PRE-TRIP MEMORY AID

ANY LEAKS

ENGINE COMPARTMENT

(under hood)
brake fluid level
coolant level
oil level
power steering level
transmission level
windshield washer level
water pump belt - 1/2 inch
alternator belt - 1/2 inch
air compressor belt - 1/2 inch
power steering belt - 1/2 inch
hoses
wires

FRONT OF VEHICLE

steering box
steering linkage

FRONT SUSPENSION

springs
spring mounts
shock absorber

FRONT BRAKES

brake drum
brake hoses/lines
brake chamber
slack adjuster - 1 inch

FRONT WHEELS

tires 4/32" no recaps
rims
hub oil seal
lug nuts
valve stem caps

FRONT/SIDE

battery
lens covers
crossing arm

DRIVER/FUEL AREA

mirrors secure
door secure
windows secure
fuel tank cap secure
fuel tank leaks
fuel tank cage
reflectors

REAR WHEELS

tires - 2/32" may be recaps
rims
axle seals
lug nuts
spacers
valve stem caps

REAR BRAKES

brake drum
brake hoses/lines
brake chamber
slack adjuster - 1 inch

REAR SUSPENSION

springs
spring mounts
shock absorber
drive shaft

REAR OF BUS

exhaust system
frame
emergency door and holder
lens cover
cleanliness (outside)

ENTRANCES, EXITS, SEATS

step well
step well light
handrail
emergency door and buzzers
emergency windows and buzzers
emergency hatches and buzzers
seats
cleanliness (inside)

EMERGENCY EQUIPMENT

fire extinguisher
spare fuses
3 triangular reflectors
first aid kit
emergency cleaning kit

ENGINE START

voltage
fuel - 1/2 tank
oil pressure
clutch
gearshift
horn
steering play - 2 inches
windshield
mirrors (adjust)

windshield washer

wiper speeds
wiper blades
heater
defroster

LIGHTS

head bright/dim, turn signals
lighting indicators
hazard, clearance
yellow warning, strobe
red flashing, brake
stop sign, dome/interior
stop sign lights, back-up
step well, back-up alarm

Before leaving bus, always bleed the air down until the emergency spring brake applies, the parking brake pops out, and the bus is locked down.

AIR BRAKE CHECK

To properly do an air brake check, the following items must be done.

- Check for air leaks.
- Check low air warning system.
- Check spring brake.
- Check parking brake.

PROCEDURE TO DO AN AIR BRAKE CHECK.

1. Start the engine and build air pressure to 120 psi.
2. Turn the engine off, but leave the ignition on.
3. Release the parking brake. (Wheels should be chocked.)
4. Watch air pressure to see that it does not lose more than 2 psi in one minute.
5. Place foot on service brake. Watch air pressure gauge to see that it does not lose more than 3 psi in one minute.
6. Pump the brakes down (deplete air from system) until the low air warning light and buzzer come on at approximately 60 psi.
7. Continue pumping down until the parking brake knob pops out at approximately 20 to 45 psi. This will indicate that the spring brakes have been applied.
8. Start the engine and build air pressure to a minimum of 100 psi. Unchock the wheels. Check the parking brake by placing the transmission in gear and slightly press the accelerator. If the bus moves, the brakes are out of adjustment or there is some other problem.

WALK THE BUS TO CHECK FOR STUDENTS AFTER EACH ROUTE!

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Distracted Driving Tips for Alabama School Bus Drivers

School bus drivers must learn to protect themselves and their passengers and to take fewer risks.

Every second a school bus driver is distracted has the potential for disaster since road conditions can change in a split second.

Avoid These Distracting Activities While Driving:

- Operating electronic devices
- Personal grooming/hair/makeup
 - Adjusting climate controls
 - Eating or drinking
 - Talking with passengers
 - Reading and writing

Do Not Use Cell Phones, Two-Way Radios, or Any Other Electronic Device While Driving Your Bus.

**ALABAMA STATE DEPARTMENT OF EDUCATION
PUPIL TRANSPORTATION SECTION**

**ALABAMA SCHOOL BUS DRIVER
RECORD & REPORT BOOK
CERTIFICATION OF
RECEIPT & COMPLIANCE**

SCHOOL YEAR 20 _____ - 20 _____

This is to certify that I have received a copy of the Alabama School Bus Driver Record and Report Book for the school bus shown below. I further certify that I have read, understand, and will follow the procedures, rules, regulations, and recommendations contained in this document and in the Alabama School Bus Driver Handbook.

School Bus No. _____ Date _____

Driver Name (Print) _____

Driver Signature _____

This certification is to be completed, signed by the driver, and returned to the school system or agency transportation supervisor to be maintained in the driver's personnel record.

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PRINTER - PLEASE REMOVE BEFORE PRINTING



A MESSAGE FROM THE STATE SUPERINTENDENT OF EDUCATION THOMAS R. BICE

The opportunity for many Alabama children to attend school depends upon safe, efficient, and economical school bus transportation. As a school bus driver, you are a vital part of this system and transport the most precious cargo of all. The purpose of this Record and Report Book is to offer documentation for persons entrusted with the responsibility of transporting Alabama students to and from school and other destinations. The safety of the students is always the most important aspect of school bus transportation.

I would offer the following thoughts for your consideration.

1. Practice accurate and safe driving at all times. Follow the transportation safeguards and procedures that you have been provided by your school system and the Alabama State Department of Education. The procedures outlined in this booklet and in the Alabama School Bus Driver Handbook have been developed in the interest of providing a safe and efficient transportation system for all Alabama students. Student safety must be your primary concern. For this reason, ordinary caution in driving a school bus is not sufficient, you must exercise *extraordinary* caution.
2. Take good care of the school bus you drive. Alabama's taxpayers have invested many millions of dollars in our school bus program, and you have been entrusted with a portion of this investment. You can do your part in protecting this investment by following all local school system policies and procedures as well as those noted in this booklet and other training documents you have been provided.
3. Carefully complete all the reports contained in this booklet. In doing so you will provide information that can affect student safety as well as school system transportation funding.

Alabama's students deserve the best we can give them. Please accept my sincere appreciation for your willingness to accept a tough, but rewarding job and for your commitment to the safety of Alabama's students.

Sincerely,

A handwritten signature in black ink that reads "Thomas R. Bice".

Thomas R. Bice
State Superintendent of Education

RULES, REGULATIONS, & RECOMMENDATIONS

Additional driver requirements and information on school bus operation can be found in the Alabama School Bus Driver Handbook provided to all Alabama school bus drivers.



1. This book serves as a logbook and should be kept on the assigned school bus.
2. Drivers must conduct a thorough pre-trip inspection to ensure that their school bus is safe to transport students. Additionally, the Federal Motor Carrier Safety Act requires periodic checks of all commercial motor vehicles.
3. School bus drivers are subject to random alcohol and other drug testing and must pass a physical examination once each two years.
4. Drivers should report needed repairs to the supervisor as soon as possible. Most systems have forms on which needed repairs can be noted. Don't be hesitant to report suspected problems.
5. **The driver is responsible for keeping the school bus clean.** A clean bus aids greatly in maintaining discipline and promotes a good image of school transportation in the community.
6. Daily and monthly records must be kept by school bus drivers and submitted to their supervisor. The supervisor will advise the driver on methods of keeping and submitting records and reports. Some of these reports include pre-trip inspection, fuel consumption and mileage, student counts, route maps, etc.
7. School bus drivers must do a post-trip inspection at the end of the trip, day, or work shift. It may include filling out a vehicle condition report listing any problems you find. **It includes checking the bus for students and locking the bus down.** (Locking the bus down involves bleeding the air out of the air tank(s) until the spring brake applies and the air valve pops out.)
8. Adjust all mirrors including traffic mirrors, inside rear view mirror, and student crossover mirrors to ensure full views of all areas around the bus.
9. Alabama School Bus Driver Certificates must be renewed annually by successfully completing a four-hour recertification class. School bus drivers are notified and scheduled for these classes by the local school system transportation supervisor. Drivers who fail to complete their annual required class must return to new driver school to be certified.
10. School bus drivers must notify their employer for any traffic violation (except parking). This is true no matter what type of vehicle they were driving. Notify your employer if your license is suspended, revoked, or cancelled, or if you are disqualified from driving.

INSTRUCTIONS FOR MAKING REPORTS

This record book contains the following forms:

TR-I, (a), (b)	School Bus Route Reports
TR-II	School Bus Pre-trip Inspection Record
TR-II(a)	School Bus Extracurricular Pretrip Inspection Record
TR-III	School Bus Collision Report
TR-IV	School Bus Student Roster
TR-V	School Bus Illegal Passing Survey

Please note that you are to fill out the TR-IV at the beginning of the year according to directions from the school system transportation supervisor. You should also be given instructions as to the completion of the other forms. Consult your transportation supervisor if you have questions or need assistance.

Sufficient copies of all forms for the entire school year are provided in this book. However, additional copies may be made as needed. Drivers are **not** required to keep a copy. General directions for completing each form are found below.

FORM TR-I, TR-1(a), AND TR-I(b) — SCHOOL BUS ROUTE REPORT

Forms TR-I, TR-I(a), and TR-I(b) are used to collect information on the number of students transported, loaded and unloaded miles, total miles traveled, and route time for students. They are to be turned in to the supervisor at the end of each reporting period.

Form TR-I is used for all reporting periods except the first and second. It collects the # of students transported, what schools are served, and the arrival and departure times.

Forms TR-I(a) and TR-I(b) are used **ONLY** for the **first and second** reporting periods. In addition to the information collected on **Forms TR-I and TR-I(a), Form TR-I(b)** collects **# loaded miles, # unloaded miles, and time on bus for one day only**. This information is needed for the Annual Route Report provided to the Alabama State Department of Education. There is only one copy of this form provided. **It is extremely important that it be accurately completed according to directions from the school system transportation supervisor. The information requested on this report helps to determine the amount of transportation funding received by the school system. Form TR-I(a)** should begin on the first day of school and ending on the last day before Labor Day. **Form TR-I(b)** should begin on the day following Labor Day through the last day of September.

At the beginning of each month complete the top of the form and enter all dates, etc.

Definitions: (for second reporting period only)

Students Transported - Accurately count your students for each morning and afternoon trip and record it in the appropriate space. Do not estimate. Be sure that students are counted only once on the way to school and once on the way home.

Loaded Miles - Record the number of miles from your first student pick up to the last student drop off. A school bus route ends when the bus is completely empty.

Unloaded Miles - Record the total number of miles traveled with no students on the bus.

Time on Bus (Minutes) - Record the amount of time from the first student pick up until the last student drop off.

Note: **# Loaded Mile, # Unloaded Miles, and Time on Bus** will be collected on a Wednesday during the second recording period, as designated by the transportation supervisor.

FORM TR-II — SCHOOL BUS PRE-TRIP INSPECTION RECORD

Form TR-II is used to document the driver's pre-trip inspection of the school bus. The Federal Motor Carrier Safety Act **requires** periodic checks of all commercial motor vehicles, including school buses. The driver must ensure that all items are working properly before the bus is operated. Additionally, it is a legal document subject to review in case of an accident. It should only be completed after a thorough bus inspection is performed. Turn this form in to the supervisor along with the TR-I.

Form TR-II(a) Follow the same directions for Form TR-II, but use this form for all extracurricular trips. This form stays with the Record & Report Book. Copies may be made, if needed.

Note that a separate space is provided for extracurricular trips. Generally, for items working properly enter a check (ü) in the appropriate block. If they are not working properly enter an "X". Check and document each item separately.

Specific information regarding school bus inspection can be found in the Alabama School Bus Driver Handbook.

FORM TR-III — SCHOOL BUS COLLISION REPORT

Collision defined: A mishap resulting in injury to a person or damage to property.

Form TR-III is used to report accidents. It helps the school system comply with the Alabama State Board of Education rule that requires all school bus accidents to be reported to the Alabama State Department of Education. It must be completed and submitted to the SDE immediately after each collision. Full information must be given on all items. The form is also used in developing future safety training for school bus drivers. Additionally, it is your responsibility to make an official report in your words of what happened. If an accident is investigated by local or state law enforcement, a copy of their official record should be submitted with the TR-III or forwarded as soon as possible thereafter. Transportation supervisors should complete and sign the Transportation Supervisor Narrative before the TR-III is submitted. In case of a collision involving serious injury to persons or property contact law enforcement agencies, the transportation supervisor, and emergency assistance, if needed. Extra sheets may be used as necessary. Collision reports are submitted to the State Department of Education by your superintendent of education. The responsibility of the school bus driver in any accident is to ensure student safety as well as adequately represent his/her local school system. This responsibility may include making a log of all students on the bus at the time of the accident.

Specific information regarding accident procedures can be found in the Alabama School Bus Driver Handbook.

FORM TR-IV — SCHOOL BUS STUDENT ROSTER

Form TR-IV provides a list of students who ride each system school bus. The form also provides other useful and necessary information such as schools served, stop numbers, loading and unloading times, etc. Drivers must complete this form in cooperation with the transportation supervisor, principals of schools served by the bus, and other administrative personnel, as necessary. The roster should be completed within ten days of the opening of school or as directed by your superintendent of education.

Enter all information on the form for each of your students. You may be given special instructions by your local transportation supervisor.

Stop Number - Number each stop in the order students are loaded in the morning. All students loading at the same stop show the same number. For students riding only in the afternoon and unloading at a morning stop, use the morning stop number. If they unload at a different stop, assign a new stop number.

Student Name – List each student by bus stop.

School Attended – Check correct box for the school each student attends. See list of schools served on the front of this book.

Wheelchair – If the student is in a wheelchair, place a check in the box.

Restraint System – If the student is required to be restrained, place a check in the box.

Grade Level/Age – Enter each student’s grade level (K-12). For preschool, enter “P”.

Load Time A.M. – Give the time in hours and minutes that each student loads in the morning.

Unload Time P.M. – Give the time in hours and minutes that each student unloads in the afternoon.

Shortened School Day – If a student’s school day is shortened as a result of his/her IEP, circle yes. Otherwise, circle no.

Emergency Phone – In this space, enter a phone number for each student that can be used in case of an emergency.

TR-V — SCHOOL BUS ILLEGAL PASSING SURVEY

Form TR-V is used to collect information about motorists who violate Alabama’s law requiring all vehicles to stop while school buses load or unload students. It is completed annually on a date designated by the Alabama State Department of Education, Pupil Transportation Section. **Do not write on the TR-V until instructed to do so by your transportation supervisor.** The information you provide in the survey assists in the development of safety training programs, proposed legislation, school bus specifications, and many other areas. Most importantly, it helps **PROTECT OUR CHILDREN.** Please be as accurate as possible in collecting the information. **HOWEVER, REMEMBER THAT YOUR MAIN RESPONSIBILITY IS THE SAFETY OF YOUR STUDENTS. SO, COLLECT THE INFORMATION IN SUCH A WAY THAT YOU ARE NOT DISTRACTED.** The survey is generally scheduled for the second Wednesday in April each year. You will be given more specific collection instructions by your transportation supervisor.

Specific information regarding student loading and unloading can be found in the Alabama School Bus Driver Handbook.

FIRST SCHOOL BUS ROUTE REPORT

(Beginning the First Day of School and Ending on the Last Day Before Labor Day)

DRIVER NAME _____ BUS # _____ ROUTE NUMBER _____
 SCHOOL YEAR 20 ____ to 20 ____ SCHOOL SYSTEM: _____

Reporting Period: 08 to _____
 mm dd mm dd

List Schools Served Below	Day/ Date	School Served	Number Transported		Day/ Date	School Served	Number Transported		Day/ Date	School Served	Number Transported	
			AM	PM			AM	PM			AM	PM
A. _____ B. _____ C. _____ D. _____	Day 1	A			Day 8	A			Day 15	A		
		B				B				B		
		C				C				C		
		D				D				D		
		Total				Total				Total		
	Day 2	A			Day 9	A			Day 16	A		
		B				B				B		
		C				C				C		
		D				D				D		
		Total				Total				Total		
	Day 3	A			Day 10	A			Day 17	A		
		B				B				B		
		C				C				C		
		D				D				D		
		Total				Total				Total		
	Day 4	A			Day 11	A			Day 18	A		
		B				B				B		
		C				C				C		
		D				D				D		
		Total				Total				Total		
	Day 5	A			Day 12	A			Day 19	A		
		B				B				B		
		C				C				C		
		D				D				D		
		Total				Total				Total		
	Day 6	A			Day 13	A			Day 20	A		
		B				B				B		
		C				C				C		
D				D				D				
Total				Total				Total				
Day 7	A			Day 14	A			Day 21	A			
	B				B				B			
	C				C				C			
	D				D				D			
	Total				Total				Total			

I certify that the information on this form is accurate to the best of my knowledge.

DRIVER SIGNATURE

SCHOOL BUS PRE-TRIP INSPECTION RECORD

School System: _____

Driver Name: _____

Bus Number: _____

Begin _____

End _____

If Items are operating properly, place a check (✓) in the box. If items are **not** operating properly, mark **X** in the box and report it to the Transportation Department.

Odometer Readings:		
A. End Month	_____	_____
B. Beginning Month	_____	_____
C. Miles Traveled	_____	
	(A minus B = C)	

DATE →	Gallons of Fuel Added		A		P		M		M		M		M		M		M		M		M	
	A	P	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	
Items to be Checked																						
Engine Oil & Coolant																						
Belts, Wires, & Hoses																						
Windshield & Windows																						
Tires & Lugs																						
Exhaust System																						
Brakes & Brake Leaks																						
Park or Emergency Brake																						
Emergency Exits & Buzzer																						
Headlights/Hazard																						
Pupil Loading Lights																						
Stop Arm/Crossing Arm																						
Steering Wheel & Horn																						
Mirrors & Adjustment																						
Emergency Equipment																						
Seats & Interior																						
Driver's Seat & Belt																						
Service Door/Entrance																						
Wipers/Washers																						
Defroster/Heaters																						
Gauges/Controls																						
Fuel Tank/Leaks																						
Springs/Shocks																						
Driver Initials →																						

I certify that I have observed all official regulations.

Driver Signature

SECOND SCHOOL BUS ROUTE REPORT

(Beginning the First Day of School After Labor Day)

DRIVER NAME _____

BUS # _____

SCHOOL SYSTEM _____

Instructions: Count students daily. Loaded miles, unloaded miles, and time students are on the bus will be collected on one Wednesday during the *Second* reporting period as designated by the transportation supervisor.

AM _____ PM _____	AM _____ PM _____
Loaded Miles One Way	Unloaded Miles One Way

AM _____ PM _____	AM _____ PM _____
Loaded Miles One Way	Unloaded Miles One Way

Time on Bus (minutes) AM _____ PM _____

SCHOOL YEAR 20____ to 20____

Road Condition (Circle One) Satisfactory _____ Poor _____

Reporting Period: 09 _____ to _____
mm dd mm dd

List Schools Served Below	Day/ Date	School Served	Number Transported		Day/ Date	School Served	Number Transported		Day/ Date	School Served	Number Transported	
			AM	PM			AM	PM			AM	PM
			AM	PM			AM	PM			AM	PM
A. _____ B. _____ C. _____ D. _____	Day 1	A			Day 8	A			Day 15	A		
		B				B				B		
		C				C				C		
		D				D				D		
		Total				Total				Total		
	Day 2	A			Day 9	A			Day 16	A		
		B				B				B		
		C				C				C		
		D				D				D		
		Total				Total				Total		
	Day 3	A			Day 10	A			Day 17	A		
		B				B				B		
		C				C				C		
		D				D				D		
		Total				Total				Total		
	Day 4	A			Day 11	A			Day 18	A		
		B				B				B		
		C				C				C		
		D				D				D		
		Total				Total				Total		
	Day 5	A			Day 12	A			Day 19	A		
B				B				B				
C				C				C				
D				D				D				
Total				Total				Total				
Day 6	A			Day 13	A			Day 20	A			
	B				B				B			
	C				C				C			
	D				D				D			
	Total				Total				Total			
Day 7	A			Day 14	A			Day 21	A			
	B				B				B			
	C				C				C			
	D				D				D			
	Total				Total				Total			

I certify that the information on this form is accurate to the best of my knowledge.

DRIVER SIGNATURE

Form TR-II

SCHOOL BUS PRE-TRIP INSPECTION RECORD

School System: _____

Driver Name: _____

Bus Number: _____

Begin _____

End _____

If items are operating properly, place a check (✓) in the box. If items are **not** operating properly, mark **X** in the box and report it to the Transportation Department.

Odometer Readings:		
A. End Month	_____	_____
B. Beginning Month	_____	_____
C. Miles Traveled	_____	_____
<i>(A minus B = C)</i>		

DATE	Gallons of Fuel Added		A		P		M		A		P		M		A		P		M		
	✓	X	✓	X	✓	X	✓	X	✓	X	✓	X	✓	X	✓	X	✓	X	✓	X	
Items to be Checked																					
Engine Oil & Coolant																					
Belts, Wires, & Hoses																					
Windshield & Windows																					
Tires & Lugs																					
Exhaust System																					
Brakes & Brake Leaks																					
Park or Emergency Brake																					
Emergency Exits & Buzzer																					
Headlights/Hazard																					
Pupil Loading Lights																					
Stop Arm/Crossing Arm																					
Steering Wheel & Horn																					
Mirrors & Adjustment																					
Emergency Equipment																					
Seats & Interior																					
Driver's Seat & Belt																					
Service Door/Entrance																					
Wipers/Washers																					
Defroster/Heaters																					
Gauges/Controls																					
Fuel Tank/Leaks																					
Springs/Shocks																					
Driver Initials																					

I certify that I have observed all official regulations.

Driver Signature

SCHOOL BUS ROUTE REPORT

 DRIVER NAME BUS # ROUTE NUMBER

SCHOOL YEAR 20____ to 20____ SCHOOL SYSTEM:

Reporting Period: ____ to ____
 mm dd mm dd

List Schools Served Below	Day/ Date	School Served	Number Transported		Day/ Date	School Served	Number Transported		Day/ Date	School Served	Number Transported	
			AM	PM			AM	PM			AM	PM
			AM	PM			AM	PM			AM	PM
A. _____ B. _____ C. _____ D. _____	Day 1	A			Day 8	A			Day 15	A		
		B				B				B		
		C				C				C		
		D				D				D		
		Total				Total				Total		
	Day 2	A			Day 9	A			Day 16	A		
		B				B				B		
		C				C				C		
		D				D				D		
		Total				Total				Total		
	Day 3	A			Day 10	A			Day 17	A		
		B				B				B		
		C				C				C		
		D				D				D		
		Total				Total				Total		
	Day 4	A			Day 11	A			Day 18	A		
		B				B				B		
		C				C				C		
		D				D				D		
		Total				Total				Total		
Day 5	A			Day 12	A			Day 19	A			
	B				B				B			
	C				C				C			
	D				D				D			
	Total				Total				Total			
Day 6	A			Day 13	A			Day 20	A			
	B				B				B			
	C				C				C			
	D				D				D			
	Total				Total				Total			
Day 7	A			Day 14	A			Day 21	A			
	B				B				B			
	C				C				C			
	D				D				D			
	Total				Total				Total			

I certify that the information on this form is accurate to the best of my knowledge.

DRIVER SIGNATURE

Form TR-II

SCHOOL BUS PRE-TRIP INSPECTION RECORD

School System: _____

Driver Name: _____

Bus Number: _____

Date: _____

Begin _____

End _____

If items are operating properly, place a check (✓) in the box. If items are **not** operating properly, mark **X** in the box and report it to the Transportation Department.

Odometer Readings:

A. End Month _____

B. Beginning Month _____

C. Miles Traveled _____

(A minus B = C)

DATE	→											
Gallons of Fuel Added												
Items to be Checked	A	P	A	P	A	P	A	P	A	P	A	P
	M	M	M	M	M	M	M	M	M	M	M	M
Engine Oil & Coolant												
Belts, Wires, & Hoses												
Windshield & Windows												
Tires & Lugs												
Exhaust System												
Brakes & Brake Leaks												
Park or Emergency Brake												
Emergency Exits & Buzzer												
Headlights/Hazard												
Pupil Loading Lights												
Stop Arm/Crossing Arm												
Steering Wheel & Horn												
Mirrors & Adjustment												
Emergency Equipment												
Seats & Interior												
Driver's Seat & Belt												
Service Door/Entrance												
Wipers/Washers												
Defroster/Heaters												
Gauges/Controls												
Fuel Tank/Leaks												
Springs/Shocks												
Driver Initials	→											

I certify that I have observed all official regulations.

Driver Signature

SCHOOL BUS ROUTE REPORT

DRIVER NAME

BUS #

ROUTE NUMBER

SCHOOL YEAR 20__ to 20__

SCHOOL SYSTEM: _____

Reporting Period: ____ to ____
mm dd mm dd

List Schools Served Below	Day/ Date	School Served	Number Transported		Day/ Date	School Served	Number Transported		Day/ Date	School Served	Number Transported	
			AM	PM			AM	PM			AM	PM
			Total	Total			Total	Total				
A. _____ B. _____ C. _____ D. _____	Day 1	A			Day 8	A			Day 15	A		
		B				B				B		
		C				C				C		
		D				D				D		
		Total				Total				Total		
	Day 2	A			Day 9	A			Day 16	A		
		B				B				B		
		C				C				C		
		D				D				D		
		Total				Total				Total		
	Day 3	A			Day 10	A			Day 17	A		
		B				B				B		
		C				C				C		
		D				D				D		
		Total				Total				Total		
	Day 4	A			Day 11	A			Day 18	A		
		B				B				B		
		C				C				C		
		D				D				D		
		Total				Total				Total		
Day 5	A			Day 12	A			Day 19	A			
	B				B				B			
	C				C				C			
	D				D				D			
	Total				Total				Total			
Day 6	A			Day 13	A			Day 20	A			
	B				B				B			
	C				C				C			
	D				D				D			
	Total				Total				Total			
Day 7	A			Day 14	A			Day 21	A			
	B				B				B			
	C				C				C			
	D				D				D			
	Total				Total				Total			

I certify that the information on this form is accurate to the best of my knowledge.

DRIVER SIGNATURE

Form TR-II

SCHOOL BUS PRE-TRIP INSPECTION RECORD

School System: _____
 Driver Name: _____
 Bus Number: _____

Date: _____
 Begin _____
 End _____

If items are operating properly, place a check (✓) in the box. If items are **not** operating properly, mark **X** in the box and report it to the Transportation Department.

Odometer Readings:
 A. End Month _____
 B. Beginning Month _____
 C. Miles Traveled _____
 (A minus B = C)

DATE	→											
Gallons of Fuel Added												
Items to be Checked	A	P	A	P	A	P	A	P	A	P	A	P
	M	M	M	M	M	M	M	M	M	M	M	M
Engine Oil & Coolant												
Belts, Wires, & Hoses												
Windshield & Windows												
Tires & Lugs												
Exhaust System												
Brakes & Brake Leaks												
Park or Emergency Brake												
Emergency Exits & Buzzer												
Headlights/Hazard												
Pupil Loading Lights												
Stop Arm/Crossing Arm												
Steering Wheel & Horn												
Mirrors & Adjustment												
Emergency Equipment												
Seats & Interior												
Driver's Seat & Belt												
Service Door/Entrance												
Wipers/Washers												
Defroster/Heaters												
Gauges/Controls												
Fuel Tank/Leaks												
Springs/Shocks												
Driver Initials	→											

I certify that I have observed all official regulations.

Driver Signature

SCHOOL BUS ROUTE REPORT

 DRIVER NAME BUS # ROUTE NUMBER

SCHOOL YEAR 20__ to 20__ SCHOOL SYSTEM:

Reporting Period: ____ to ____
mm dd mm dd

List Schools Served Below	Day/ Date	School Served	Number Transported		Day/ Date	School Served	Number Transported		Day/ Date	School Served	Number Transported	
			AM	PM			AM	PM			AM	PM
A. _____ B. _____ C. _____ D. _____	Day 1	A			Day 8	A			Day 15	A		
		B				B				B		
		C				C				C		
		D				D				D		
		Total				Total				Total		
	Day 2	A			Day 9	A			Day 16	A		
		B				B				B		
		C				C				C		
		D				D				D		
		Total				Total				Total		
	Day 3	A			Day 10	A			Day 17	A		
		B				B				B		
		C				C				C		
		D				D				D		
		Total				Total				Total		
	Day 4	A			Day 11	A			Day 18	A		
		B				B				B		
		C				C				C		
		D				D				D		
		Total				Total				Total		
	Day 5	A			Day 12	A			Day 19	A		
B				B				B				
C				C				C				
D				D				D				
Total				Total				Total				
Day 6	A			Day 13	A			Day 20	A			
	B				B				B			
	C				C				C			
	D				D				D			
	Total				Total				Total			
Day 7	A			Day 14	A			Day 21	A			
	B				B				B			
	C				C				C			
	D				D				D			
	Total				Total				Total			

I certify that the information on this form is accurate to the best of my knowledge.

DRIVER SIGNATURE

Form TR-II

SCHOOL BUS PRE-TRIP INSPECTION RECORD

Odometer Readings:

A. End Month _____

B. Beginning Month _____

C. Miles Traveled _____

(A minus B = C)

School System: _____

Driver Name: _____

Bus Number: _____

Date: _____

Begin _____

End _____

If items are operating properly, place a check (✓) in the box. If items are **not** operating properly,

mark **X** in the box and report it to the Transportation Department.

DATE →	Gallons of Fuel Added		Items to be Checked														Driver Initials →							
	A	P	A	P	A	P	A	P	A	P	A	P	A	P	A	P	A	P	A	P	A	P	A	P
Engine Oil & Coolant																								
Belts, Wires, & Hoses																								
Windshield & Windows																								
Tires & Lugs																								
Exhaust System																								
Brakes & Brake Leaks																								
Park or Emergency Brake																								
Emergency Exits & Buzzer																								
Headlights/Hazard																								
Pupil Loading Lights																								
Stop Arm/Crossing Arm																								
Steering Wheel & Horn																								
Mirrors & Adjustment																								
Emergency Equipment																								
Seats & Interior																								
Driver's Seat & Belt																								
Service Door/Entrance																								
Wipers/Washers																								
Defroster/Heaters																								
Gauges/Controls																								
Fuel Tank/Leaks																								
Springs/Shocks																								
Driver Initials →																								

I certify that I have observed all official regulations.

Driver Signature

SCHOOL BUS ROUTE REPORT

DRIVER NAME

BUS #

ROUTE NUMBER

SCHOOL YEAR 20__ to 20__

SCHOOL SYSTEM: _____

Reporting Period: _____ to _____
mm dd mm dd

List Schools Served Below	Day/ Date	School Served	Number Transported		Day/ Date	School Served	Number Transported		Day/ Date	School Served	Number Transported			
			AM	PM			AM	PM			AM	PM		
			A	B			C	D			Total	A	B	C
A. _____ B. _____ C. _____ D. _____	Day 1	A			Day 8	A			Day 15	A				
	B			B			B			B				
	C			C			C			C				
	D			D			D			D				
	Total			Total			Total			Total				
	Day 2	A			Day 9	A			Day 16	A				
	B			B			B			B				
	C			C			C			C				
	D			D			D			D				
	Total			Total			Total			Total				
	Day 3	A			Day 10	A			Day 17	A				
	B			B			B			B				
	C			C			C			C				
	D			D			D			D				
	Total			Total			Total			Total				
	Day 4	A			Day 11	A			Day 18	A				
	B			B			B			B				
	C			C			C			C				
	D			D			D			D				
	Total			Total			Total			Total				
	Day 5	A			Day 12	A			Day 19	A				
B			B			B			B					
C			C			C			C					
D			D			D			D					
Total			Total			Total			Total					
Day 6	A			Day 13	A			Day 20	A					
B			B			B			B					
C			C			C			C					
D			D			D			D					
Total			Total			Total			Total					
Day 7	A			Day 14	A			Day 21	A					
B			B			B			B					
C			C			C			C					
D			D			D			D					
Total			Total			Total			Total					

I certify that the information on this form is accurate to the best of my knowledge.

DRIVER SIGNATURE

Form TR-II

SCHOOL BUS PRE-TRIP INSPECTION RECORD

School System: _____

Driver Name: _____

Bus Number: _____

Date: _____

Begin _____

End _____

If items are operating properly, place a check (✓) in the box. If items are **not** operating properly,

mark **X** in the box and report it to the Transportation Department.

Odometer Readings:

A. End Month _____

B. Beginning Month _____

C. Miles Traveled _____

(A minus B = C)

DATE	Gallons of Fuel Added		Items to be Checked		A		P		M		A		P		M		A		P		M	
				Engine Oil & Coolant																		
				Belts, Wires, & Hoses																		
				Windshield & Windows																		
				Tires & Lugs																		
				Exhaust System																		
				Brakes & Brake Leaks																		
				Park or Emergency Brake																		
				Emergency Exits & Buzzer																		
				Headlights/Hazard																		
				Pupil Loading Lights																		
				Stop Arm/Crossing Arm																		
				Steering Wheel & Horn																		
				Mirrors & Adjustment																		
				Emergency Equipment																		
				Seats & Interior																		
				Driver's Seat & Belt																		
				Service Door/Entrance																		
				Wipers/Washers																		
				Defroster/Heaters																		
				Gauges/Controls																		
				Fuel Tank/Leaks																		
				Springs/Shocks																		
				Driver Initials																		

I certify that I have observed all official regulations.

Driver Signature

SCHOOL BUS ROUTE REPORT

 DRIVER NAME BUS # ROUTE NUMBER

SCHOOL YEAR 20____ to 20____ SCHOOL SYSTEM:

Reporting Period: _____ to _____
 mm dd mm dd

List Schools Served Below	Day/ Date	School Served	Number Transported		Day/ Date	School Served	Number Transported		Day/ Date	School Served	Number Transported	
			AM	PM			AM	PM			AM	PM
A. _____ B. _____ C. _____ D. _____	Day 1	A			Day 8	A			Day 15	A		
		B				B				B		
		C				C				C		
		D				D				D		
		Total				Total				Total		
	Day 2	A			Day 9	A			Day 16	A		
		B				B				B		
		C				C				C		
		D				D				D		
		Total				Total				Total		
	Day 3	A			Day 10	A			Day 17	A		
		B				B				B		
		C				C				C		
		D				D				D		
		Total				Total				Total		
	Day 4	A			Day 11	A			Day 18	A		
		B				B				B		
		C				C				C		
		D				D				D		
		Total				Total				Total		
	Day 5	A			Day 12	A			Day 19	A		
B				B				B				
C				C				C				
D				D				D				
Total				Total				Total				
Day 6	A			Day 13	A			Day 20	A			
	B				B				B			
	C				C				C			
	D				D				D			
	Total				Total				Total			
Day 7	A			Day 14	A			Day 21	A			
	B				B				B			
	C				C				C			
	D				D				D			
	Total				Total				Total			

I certify that the information on this form is accurate to the best of my knowledge.

DRIVER SIGNATURE

SCHOOL BUS PRE-TRIP INSPECTION RECORD

School System: _____

Driver Name: _____

Bus Number: _____

Date: _____

Begin _____

End _____

If items are operating properly, place a check (✓) in the box. If items are **not** operating properly, mark **X** in the box and report it to the Transportation Department.

Odometer Readings:

A. End Month _____

B. Beginning Month _____

C. Miles Traveled _____

(A minus B = C)

DATE	Gallons of Fuel Added		Items to be Checked		A	P	A	P	A	P	A	P	A	P	A	P	A	P	A	P
	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
Engine Oil & Coolant																				
Bells, Wires, & Hoses																				
Windshield & Windows																				
Tires & Lugs																				
Exhaust System																				
Brakes & Brake Leaks																				
Park or Emergency Brake																				
Emergency Exits & Buzzer																				
Headlights/Hazard																				
Pupil Loading Lights																				
Stop Arm/Crossing Arm																				
Steering Wheel & Horn																				
Mirrors & Adjustment																				
Emergency Equipment																				
Seats & Interior																				
Driver's Seat & Belt																				
Service Door/Entrance																				
Wipers/Washers																				
Defroster/Heaters																				
Gauges/Controls																				
Fuel Tank/Leaks																				
Springs/Shocks																				
Driver Initials																				

I certify that I have observed all official regulations.

Driver Signature

SCHOOL BUS ROUTE REPORT

 DRIVER NAME BUS # ROUTE NUMBER

SCHOOL YEAR 20____ to 20____ SCHOOL SYSTEM:

Reporting Period: _____ to _____
mm dd mm dd

List Schools Served Below	Day/ Date	School Served	Number Transported		Day/ Date	School Served	Number Transported		Day/ Date	School Served	Number Transported	
			AM	PM			AM	PM			AM	PM
A. _____ B. _____ C. _____ D. _____	Day 1	A			Day 8	A			Day 15	A		
		B				B				B		
		C				C				C		
		D				D				D		
		Total				Total				Total		
	Day 2	A			Day 9	A			Day 16	A		
		B				B				B		
		C				C				C		
		D				D				D		
		Total				Total				Total		
	Day 3	A			Day 10	A			Day 17	A		
		B				B				B		
		C				C				C		
		D				D				D		
		Total				Total				Total		
	Day 4	A			Day 11	A			Day 18	A		
		B				B				B		
		C				C				C		
		D				D				D		
		Total				Total				Total		
	Day 5	A			Day 12	A			Day 19	A		
		B				B				B		
		C				C				C		
		D				D				D		
		Total				Total				Total		
	Day 6	A			Day 13	A			Day 20	A		
		B				B				B		
		C				C				C		
		D				D				D		
		Total				Total				Total		
	Day 7	A			Day 14	A			Day 21	A		
		B				B				B		
		C				C				C		
		D				D				D		
		Total				Total				Total		

I certify that the information on this form is accurate to the best of my knowledge.

DRIVER SIGNATURE

SCHOOL BUS PRE-TRIP INSPECTION RECORD

School System: _____

Driver Name: _____

Bus Number: _____

Date: _____

Begin _____

End _____

If items are operating properly, place a check (✓) in the box. If items are **not** operating properly, mark **X** in the box and report it to the Transportation Department.

Odometer Readings:

A. End Month _____

B. Beginning Month _____

C. Miles Traveled _____

(A minus B = C)

DATE →	Gallons of Fuel Added	Items to be Checked											
		A	P	A	P	A	P	A	P	A	P	A	P
		M	M	M	M	M	M	M	M	M	M	M	M
Engine Oil & Coolant													
Belts, Wires, & Hoses													
Windshield & Windows													
Tires & Lugs													
Exhaust System													
Brakes & Brake Leaks													
Park or Emergency Brake													
Emergency Exits & Buzzer													
Headlights/Hazard													
Pupil Loading Lights													
Stop Arm/Crossing Arm													
Steering Wheel & Horn													
Mirrors & Adjustment													
Emergency Equipment													
Seats & Interior													
Driver's Seat & Belt													
Service Door/Entrance													
Wipers/Washers													
Defroster/Heaters													
Gauges/Controls													
Fuel Tank/Leaks													
Springs/Shocks													
Driver Initials →													

I certify that I have observed all official regulations.

Driver Signature _____

SCHOOL BUS ROUTE REPORT

DRIVER NAME **BUS #** **ROUTE NUMBER**

SCHOOL YEAR 20__ to 20__ SCHOOL SYSTEM:

Reporting Period: ____ to ____

mm
dd
to
mm
dd

List Schools Served Below	Day/ Date	School Served	Number Transported		Day/ Date	School Served	Number Transported		Day/ Date	School Served	Number Transported	
			AM	PM			AM	PM			AM	PM
			AM	PM			AM	PM			AM	PM
A. _____ B. _____ C. _____ D. _____	Day 1	A			Day 8	A			Day 15	A		
		B				B				B		
		C				C				C		
		D				D				D		
		Total				Total				Total		
	Day 2	A			Day 9	A			Day 16	A		
		B				B				B		
		C				C				C		
		D				D				D		
		Total				Total				Total		
	Day 3	A			Day 10	A			Day 17	A		
		B				B				B		
		C				C				C		
		D				D				D		
		Total				Total				Total		
	Day 4	A			Day 11	A			Day 18	A		
		B				B				B		
		C				C				C		
		D				D				D		
		Total				Total				Total		
Day 5	A			Day 12	A			Day 19	A			
	B				B				B			
	C				C				C			
	D				D				D			
	Total				Total				Total			
Day 6	A			Day 13	A			Day 20	A			
	B				B				B			
	C				C				C			
	D				D				D			
	Total				Total				Total			
Day 7	A			Day 14	A			Day 21	A			
	B				B				B			
	C				C				C			
	D				D				D			
	Total				Total				Total			

I certify that the information on this form is accurate to the best of my knowledge.

_____ DRIVER SIGNATURE

Form TR-II

SCHOOL BUS PRE-TRIP INSPECTION RECORD

School System: _____

Driver Name: _____

Bus Number: _____

Date: _____

Begin _____

End _____

If items are operating properly, place a check (✓) in the box. If items are **not** operating properly, mark **X** in the box and report it to the Transportation Department.

Odometer Readings:

A. End Month _____

B. Beginning Month _____

C. Miles Traveled _____

(A minus B = C)

DATE	Gallons of Fuel Added		A		P		M		A		P		M		A		P		M		
	✓	X	✓	X	✓	X	✓	X	✓	X	✓	X	✓	X	✓	X	✓	X	✓	X	
Items to be Checked																					
Engine Oil & Coolant																					
Belts, Wires, & Hoses																					
Windshield & Windows																					
Tires & Lugs																					
Exhaust System																					
Brakes & Brake Leaks																					
Park or Emergency Brake																					
Emergency Exits & Buzzer																					
Headlights/Hazard																					
Pupil Loading Lights																					
Stop Arm/Crossing Arm																					
Steering Wheel & Horn																					
Mirrors & Adjustment																					
Emergency Equipment																					
Seats & Interior																					
Driver's Seat & Belt																					
Service Door/Entrance																					
Wipers/Washers																					
Defroster/Heaters																					
Gauges/Controls																					
Fuel Tank/Leaks																					
Springs/Shocks																					
Driver Initials																					

I certify that I have observed all official regulations.

Driver Signature

SCHOOL BUS ROUTE REPORT

 DRIVER NAME BUS # ROUTE NUMBER

SCHOOL YEAR 20____ to 20____ SCHOOL SYSTEM:

Reporting Period: _____ to _____
mm dd mm dd

List Schools Served Below	Day/ Date	School Served	Number Transported		Day/ Date	School Served	Number Transported		Day/ Date	School Served	Number Transported	
			AM	PM			AM	PM			AM	PM
			A.	C.			A.	C.			A.	C.
B. _____ D. _____	Day 1	A			Day 8	A			Day 15	A		
		B				B				B		
		C				C				C		
		D				D				D		
		Total				Total				Total		
	Day 2	A			Day 9	A			Day 16	A		
		B				B				B		
		C				C				C		
		D				D				D		
		Total				Total				Total		
	Day 3	A			Day 10	A			Day 17	A		
		B				B				B		
		C				C				C		
		D				D				D		
		Total				Total				Total		
	Day 4	A			Day 11	A			Day 18	A		
		B				B				B		
		C				C				C		
		D				D				D		
		Total				Total				Total		
	Day 5	A			Day 12	A			Day 19	A		
		B				B				B		
		C				C				C		
		D				D				D		
		Total				Total				Total		
	Day 6	A			Day 13	A			Day 20	A		
		B				B				B		
		C				C				C		
		D				D				D		
		Total				Total				Total		
	Day 7	A			Day 14	A			Day 21	A		
		B				B				B		
		C				C				C		
		D				D				D		
		Total				Total				Total		

I certify that the information on this form is accurate to the best of my knowledge.

DRIVER SIGNATURE

SCHOOL BUS PRE-TRIP INSPECTION RECORD

School System: _____

Driver Name: _____

Bus Number: _____

Date: _____

Begin _____

End _____

If items are operating properly, place a check (✓) in the box. If items are **not** operating properly, mark **X** in the box and report it to the Transportation Department.

Odometer Readings:
 A. End Month _____
 B. Beginning Month _____
 C. Miles Traveled _____
 (A minus B = C)

DATE	Gallons of Fuel Added		Items to be Checked		A	P	A	P	A	P	A	P	A	P	A	P	A	P	A	P
	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M	M
Engine Oil & Coolant																				
Belts, Wires, & Hoses																				
Windshield & Windows																				
Tires & Lugs																				
Exhaust System																				
Brakes & Brake Leaks																				
Park or Emergency Brake																				
Emergency Exits & Buzzer																				
Headlights/Hazard																				
Pupil Loading Lights																				
Stop Arm/Crossing Arm																				
Steering Wheel & Horn																				
Mirrors & Adjustment																				
Emergency Equipment																				
Seats & Interior																				
Driver's Seat & Belt																				
Service Door/Entrance																				
Wipers/Washers																				
Defroster/Heaters																				
Gauges/Controls																				
Fuel Tank/Leaks																				
Springs/Shocks																				
Driver Initials																				

I certify that I have observed all official regulations.

Driver Signature

SCHOOL BUS ROUTE REPORT

 DRIVER NAME BUS # ROUTE NUMBER

SCHOOL YEAR 20____ to 20____ SCHOOL SYSTEM:

Reporting Period: _____ to _____
mm dd mm dd

List Schools Served Below	Day/ Date	School Served	Number Transported		Day/ Date	School Served	Number Transported		Day/ Date	School Served	Number Transported	
			AM	PM			AM	PM			AM	PM
			A	B			C	D			A	B
B. _____ D. _____ A. _____ C. _____	Day 1	A			Day 8	A			Day 15	A		
		B				B				B		
		C				C				C		
		D				D				D		
		Total				Total				Total		
	Day 2	A			Day 9	A			Day 16	A		
		B				B				B		
		C				C				C		
		D				D				D		
		Total				Total				Total		
	Day 3	A			Day 10	A			Day 17	A		
		B				B				B		
		C				C				C		
		D				D				D		
		Total				Total				Total		
	Day 4	A			Day 11	A			Day 18	A		
		B				B				B		
		C				C				C		
		D				D				D		
		Total				Total				Total		
Day 5	A			Day 12	A			Day 19	A			
	B				B				B			
	C				C				C			
	D				D				D			
	Total				Total				Total			
Day 6	A			Day 13	A			Day 20	A			
	B				B				B			
	C				C				C			
	D				D				D			
	Total				Total				Total			
Day 7	A			Day 14	A			Day 21	A			
	B				B				B			
	C				C				C			
	D				D				D			
	Total				Total				Total			

I certify that the information on this form is accurate to the best of my knowledge.

DRIVER SIGNATURE

Form TR-II

SCHOOL BUS PRE-TRIP INSPECTION RECORD

School System: _____

Driver Name: _____

Bus Number: _____

Date: _____

Begin _____
End _____

If items are operating properly, place a check (✓) in the box. If items are **not** operating properly, mark **X** in the box and report it to the Transportation Department.

Odometer Readings:

A. End Month _____

B. Beginning Month _____

C. Miles Traveled _____

(A minus B = C)

DATE →	Gallons of Fuel Added											
	A	P	A	P	A	P	A	P	A	P	A	P
Items to be Checked	M	M	M	M	M	M	M	M	M	M	M	M
Engine Oil & Coolant												
Belts, Wires, & Hoses												
Windshield & Windows												
Tires & Lugs												
Exhaust System												
Brakes & Brake Leaks												
Park or Emergency Brake												
Emergency Exits & Buzzer												
Headlights/Hazard												
Pupil Loading Lights												
Stop Arm/Crossing Arm												
Steering Wheel & Horn												
Mirrors & Adjustment												
Emergency Equipment												
Seats & Interior												
Driver's Seat & Belt												
Service Door/Entrance												
Wipers/Washers												
Defroster/Heaters												
Gauges/Controls												
Fuel Tank/Leaks												
Springs/Shocks												
Driver Initials →												

I certify that I have observed all official regulations.

Driver Signature

SCHOOL BUS ROUTE REPORT

DRIVER NAME

BUS #

ROUTE NUMBER

SCHOOL YEAR 20__ to 20__

SCHOOL SYSTEM:

Reporting Period: ____ to ____
mm dd mm dd

List Schools Served Below	Day/ Date	School Served	Number Transported		Day/ Date	School Served	Number Transported		Day/ Date	School Served	Number Transported	
			AM	PM			AM	PM			AM	PM
A. _____ B. _____ C. _____ D. _____	Day 1	A			Day 8	A			Day 15	A		
		B				B				B		
		C				C				C		
		D				D				D		
		Total				Total				Total		
	Day 2	A			Day 9	A			Day 16	A		
		B				B				B		
		C				C				C		
		D				D				D		
		Total				Total				Total		
	Day 3	A			Day 10	A			Day 17	A		
		B				B				B		
		C				C				C		
		D				D				D		
		Total				Total				Total		
	Day 4	A			Day 11	A			Day 18	A		
		B				B				B		
		C				C				C		
		D				D				D		
		Total				Total				Total		
Day 5	A			Day 12	A			Day 19	A			
	B				B				B			
	C				C				C			
	D				D				D			
	Total				Total				Total			
Day 6	A			Day 13	A			Day 20	A			
	B				B				B			
	C				C				C			
	D				D				D			
	Total				Total				Total			
Day 7	A			Day 14	A			Day 21	A			
	B				B				B			
	C				C				C			
	D				D				D			
	Total				Total				Total			

I certify that the information on this form is accurate to the best of my knowledge.

DRIVER SIGNATURE

Form TR-II

SCHOOL BUS PRE-TRIP INSPECTION RECORD

School System: _____

Driver Name: _____

Bus Number: _____

Date: _____

Begin _____

End _____

If items are operating properly, place a check (✓) in the box. If items are **not** operating properly, mark **X** in the box and report it to the Transportation Department.

Odometer Readings:

A. End Month _____

B. Beginning Month _____

C. Miles Traveled _____

(A minus B = C)

DATE →	Gallons of Fuel Added																							
	A	P	M	M	A	P	M	M	A	P	M	M												
Items to be Checked	A	P	M	M	A	P	M	M	A	P	M	M	A	P	M	M	A	P	M	M	A	P	M	M
Engine Oil & Coolant																								
Belts, Wires, & Hoses																								
Windshield & Windows																								
Tires & Lugs																								
Exhaust System																								
Brakes & Brake Leaks																								
Park or Emergency Brake																								
Emergency Exits & Buzzer																								
Headlights/Hazard																								
Pupil Loading Lights																								
Stop Arm/Crossing Arm																								
Steering Wheel & Horn																								
Mirrors & Adjustment																								
Emergency Equipment																								
Seats & Interior																								
Driver's Seat & Belt																								
Service Door/Entrance																								
Wipers/Washers																								
Defroster/Heaters																								
Gauges/Controls																								
Fuel Tank/Leaks																								
Springs/Shocks																								
Driver Initials →																								

I certify that I have observed all official regulations.

Driver Signature

Form TR-II(a)

SCHOOL BUS EXTRACURRICULAR PRE-TRIP INSPECTION RECORD

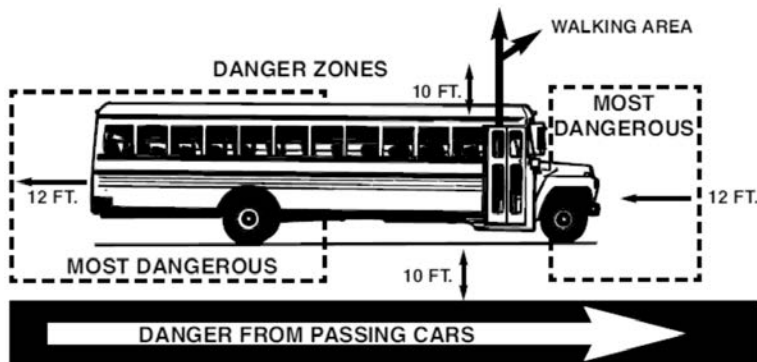
(Make Copies as Needed)

Date	Trip Number/ Trip Destination	Driver's Name	Trip Number → Gallons of Fuel Added	Trip Number → Quarts of Oil Added	Items to be Checked																			
						1	2	3	4	5	6	7	8	9	10	11	12	13	14	15				
					Engine Oil/Coolant																			
					Belts, Wires, & Hoses																			
					Windshield & Windows																			
					Tires & Lugs																			
					Exhaust System																			
					Brakes & Brake Leaks																			
					Park or Emer. Brake																			
					Emer. Exits & Buzzer																			
					Headlights/Hazzard																			
					Pupil Loading Lights																			
					Stop/Crossing Arms																			
					Steering Wheel & Horn																			
					Mirrors & Adjustment																			
					Emer. Equipment																			
					Seats & Interior																			
					Driver's Seat & Belt																			
					Service Door/Entrance																			
					Wipers/Washers																			
					Defroster/Heaters																			
					Gauges/Controls																			
					Fuel Tank/Leaks																			
					Springs/Shocks																			
					Evacuation Drill																			
					Round Trip Miles																			
					Driver Initials																			

D = Departure R = Return

By initialing, I certify that I have performed a proper pre-trip inspection of this bus and have observed all official regulations.

DANGER ZONES



Tornado Preparedness

Every driver of a school bus should have some basic knowledge of tornado information and the precautionary measures to take when a warning or a sighting is made.

What precautions should a school bus driver take when tornado conditions exist?

- * Abide by local district policy where applicable.
- * Be aware that the spring and fall months are most conducive to tornado activity.
- * Severe weather conditions should be discussed with authorized school officials before leaving the school, particularly if the area is under a "Tornado Watch."
- * If a "Tornado Warning" is in effect, buses should not be loaded and students should remain in the assigned shelter areas inside the school building.

What should a school bus driver do if a tornado is sighted when on the route?

- * The driver should be aware of any or all areas along the route, such as school buildings, churches, public buildings and/or storm shelters, concrete bridges, and other substantial structures that could be used as a tornado shelter.
- * If a tornado funnel is sighted, it is best to evacuate the students from the bus immediately into an appropriate shelter. Trying to outrun a tornado would not be a wise decision.
- * If an adequate shelter area cannot be reached without further endangering the students, a ditch or depression in the immediate vicinity may have to be used. However, this should be done as a last resort. Evacuate the students into the shelter area, being sure that the bus has been positioned far enough and in a direction away from the students so that the wind will not overturn the bus onto them.
- * Radios (AM, FM, or two-way) or other communication equipment should be in operation at all times during threatening weather conditions. Even a portable transistor radio is better than nothing during these threatening periods.

Form TR-III

SCHOOL VEHICLE COLLISION REPORT

- Check box if law enforcement accident is included.
- Check box if collision involved *confirmed injury*.
- Check box if collision involved *confirmed fatality*.

Keep original and submit one copy to:
When available, submit copy of law enforcement accident report.

ALABAMA STATE DEPARTMENT OF EDUCATION
PUPIL TRANSPORTATION SECTION
P.O. BOX 302101
MONTGOMERY, AL 36130-2101

REPORT DATE: _____

SCHOOL/SYSTEM/AGENCY _____ System Code: _____

SCHOOL VEHICLE Driver's Name: _____

Driver License Number: _____ Male () Female ()

Collision Date: _____ Hour: ____ A.M. ____ P.M. ____

Highway (Give No. or Name): U.S. _____ State _____ County _____ City _____

Weather Conditions: _____ Road Conditions: _____ Estimated Speed: _____

Type of Vehicle: _____ Bus No.: _____ Capacity: _____

Owned by System or Institution: Yes _____ No _____ Regular Trip: _____ Activity Trip: _____

Number on School Vehicle: Pupils _____ Other _____

School Vehicle Driver's Injury: _____

Estimated Damage to School Vehicle: \$ _____

OTHER VEHICLE Driver's Name: _____

Address: _____

Type of Vehicle: _____ Vehicle No.: _____ License No.: _____

Estimated Speed: _____ Other Driver's Injury: _____

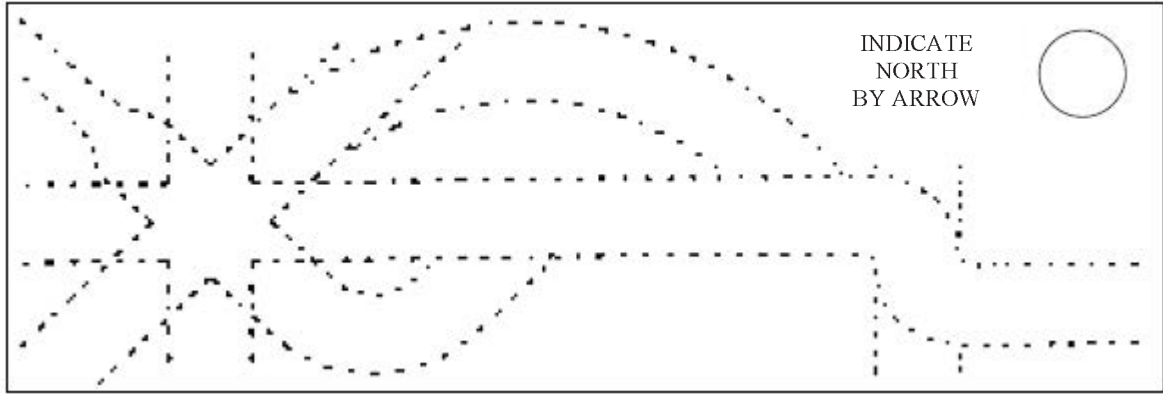
Estimated Damage to Other Vehicle: \$ _____

Damage to Property Other Than Vehicles: _____

Name of Injured Pupils	Age	Address	Nature of Injury
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Others Injured	Age	Address	Nature of Injury
_____	_____	_____	_____
_____	_____	_____	_____
Names of Witnesses (Including School Pupils)	Age	Address	Nature of Injury
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

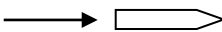
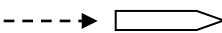

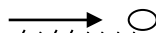
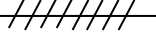
Use reverse side for making sketch and listing injured pupils. Attach extra sheets whenever necessary to complete information requested.

IMPORTANT: Sketch below an illustration of the road or street where the collision occurred. Indicate with lines or arrows the path and direction of vehicles or persons. Show side roads, hills, bridges, curves, and any other helpful information as to cause of accident.



Vehicle No. 1 – School Vehicle **Vehicle No. 2** – Other Vehicle **Vehicle No. 3** – Any Other Vehicle

INSTRUCTIONS:

1. Use dash lines as guides to draw heavy lines which will show outlines of roadway at place of collision.
2. Show where vehicles were in roadway when collision occurred and where they finally came to rest.
3. Use solid line to show path of vehicle before collision.  Use dotted line to show path of vehicle after collision. 
4. Number each vehicle and show direction of travel by arrow. 
5. Show pedestrians by: 
6. Show railroad by: 
7. Show distance and direction to landmarks. Identify by name or number.

POINT OF IMPACT: (Check one or more for each vehicle)

- | | | | | | | | |
|-----|-----|-----|----------------|-----|-----|-----|---------------|
| 1 | 2 | 3 | | 1 | 2 | 3 | |
| () | () | () | 1. Front | () | () | () | 5. Left side |
| () | () | () | 2. Right front | () | () | () | 6. Rear |
| () | () | () | 3. Left front | () | () | () | 7. Right rear |
| () | () | () | 4. Right side | () | () | () | 8. Left rear |

DESCRIBE WHAT HAPPENED:

I hereby certify this report to be correct: _____
School Vehicle Driver

TRANSPORTATION SUPERVISOR NARRATIVE:

School System
Transportation Supervisor Signature

Form TR-IV
SCHOOL BUS STUDENT ROSTER

School Year _____ - _____

School System _____

Bus Number _____ Driver Name _____

STOP NO.	List Students by Morning Stops	Place a <input checked="" type="checkbox"/> in appropriate box.				Grade/Age	AM Load Time	PM Load Time	Shortened School Day as per IEP? <small>(Circle One)</small>		Emergency Phone														
		School							Wheel-chair	Restraint System		Yes	No												
											A	B	C	D											
							:	:	Yes	No															
							:	:	Yes	No															
							:	:	Yes	No															
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							:	:	Yes	No															
							:	:	Yes	No															

SCHOOL BUS STUDENT ROSTER

School Year _____ - _____

School System _____

Bus Number _____ Driver Name _____

STOP NO.	List Students by Morning Stops	Place a <input checked="" type="checkbox"/> in appropriate box.				Grade/ Age	AM Load Time	PM Load Time	Shortened School Day as per IEP? (Circle One)		Emergency Phone		
		School							Wheel-chair	Restraint System		Yes	No
		A	B	C	D								
							:	:	Yes	No			
							:	:	Yes	No			
							:	:	Yes	No			
							:	:	Yes	No			
							:	:	Yes	No			
							:	:	Yes	No			
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							:	:	Yes	No			
							:	:	Yes	No			
							:	:	Yes	No			



SCHOOL BUS ILLEGAL PASSING SURVEY FORM

DEAR SCHOOL BUS DRIVER: The Alabama State Department of Education conducts an annual study to obtain information about vehicles that illegally pass your stopped school bus while you are loading and unloading students. The survey is generally scheduled for the second Wednesday in April each year. You will be given more specific collection instructions by your transportation supervisor.

Please observe the vehicles that illegally pass your school bus **while it is stopped with STOP ARM extended** on this date and put an **X** in the appropriate blank on the form that best fits the illegal passing. Each row on the form represents one (1) vehicle that illegally passes your stopped school bus. There are six spaces provided for your convenience. Additional sheets may be used, as necessary.

REMEMBER: Please take extreme caution when completing the form - YOUR MAIN RESPONSIBILITY IS THE SAFETY OF YOUR STUDENTS. Time permitting, please complete as much information as possible. Thank you for your cooperation.

County/City/Agency School District:
Driver Name:
Bus Number:
Date:

TIME OF PASS	# STUDENTS BUS STOP	AT BUS STOP	VEHICLE PASSED FROM THE:	PASSED ON WHICH SIDE OF THE BUS?	TYPE OF VEHICLE	TYPE OF ROADWAY
1. A.M.	1 to 5 6 to 10 11 or more		Front (opposite way) Rear (going same way)	Left (Driver Side) Right (Door Side)	Car Light Truck or Van Heavy Truck	2 Lanes 3 Lanes 4 Lanes, no Median 4 Lanes with Median Over 4 Lanes
P.M.						
2. A.M.	1 to 5 6 to 10 11 or more		Front (opposite way) Rear (going same way)	Left (Driver Side) Right (Door Side)	Car Light Truck or Van Heavy Truck	2 Lanes 3 Lanes 4 Lanes, no Median 4 Lanes with Median Over 4 Lanes
P.M.						
3. A.M.	1 to 5 6 to 10 11 or more		Front (opposite way) Rear (going same way)	Left (Driver Side) Right (Door Side)	Car Light Truck or Van Heavy Truck	2 Lanes 3 Lanes 4 Lanes, no Median 4 Lanes with Median Over 4 Lanes
P.M.						
4. A.M.	1 to 5 6 to 10 11 or more		Front (opposite way) Rear (going same way)	Left (Driver Side) Right (Door Side)	Car Light Truck or Van Heavy Truck	2 Lanes 3 Lanes 4 Lanes, no Median 4 Lanes with Median Over 4 Lanes
P.M.						
5. A.M.	1 to 5 6 to 10 11 or more		Front (opposite way) Rear (going same way)	Left (Driver Side) Right (Door Side)	Car Light Truck or Van Heavy Truck	2 Lanes 3 Lanes 4 Lanes, no Median 4 Lanes with Median Over 4 Lanes
P.M.						
6. A.M.	1 to 5 6 to 10 11 or more		Front (opposite way) Rear (going same way)	Left (Driver Side) Right (Door Side)	Car Light Truck or Van Heavy Truck	2 Lanes 3 Lanes 4 Lanes, no Median 4 Lanes with Median Over 4 Lanes
P.M.						

Please report only violations that meet the following criteria:

- (1) BUS IS COMPLETELY STOPPED
- (2) RED LIGHTS ARE FLASHING AND STOP SIGN IS EXTENDED
- (3) VEHICLE PASSES BY THE RIGHT OR LEFT SIDE OF THE BUS WHILE THE STOP IS BEING MADE
- (4) THE VEHICLE IS NOT ON A DIVIDED FOUR LANE HIGHWAY TRAVELING IN THE OPPOSITE DIRECTION

This data collection form should be completed by each bus driver on the day of the illegal passing count and should be turned in EVEN IF THERE ARE NO VIOLATIONS TO REPORT.

Idling Tips for Alabama School Bus Drivers



- Idle your school bus **NO** longer than five (5) minutes to build up air pressure.
- Idling longer than five (5) minutes does **NOT** help the school bus get warmer.
- Do **NOT** idle your bus while loading or unloading on school grounds.
- Drivers should be on the bus while it is running. **NO** Exceptions!
- Buses should **NOT** park on school grounds near building air-intake systems.

**ALABAMA STATE DEPARTMENT OF EDUCATION
PUPIL TRANSPORTATION SECTION**

EMERGENCY EVACUATION PLAN FOR THE SCHOOL BUS

There is an urgent need, due to the increased number of students being transported and the ever-increasing number of accidents on the highways, to instruct students on how to properly vacate a school bus in case of an emergency. It is possible for students to block the emergency door if all are trying to get out at the same time. There is also a possibility of danger when students jump from the rear emergency door exit. To avoid these situations, schools should organize and conduct emergency exit drills for all students who ride the school bus.

Reasons for actual emergency evacuations:

1. **Fire or danger of fire.** Being near an existing fire and unable to move the bus or being near the presence of gasoline or other combustible material is considered danger of fire, and students should be evacuated. The bus should be stopped and evacuated immediately if the engine or any portion of the bus is on fire. Students should be moved to a safe place 100 feet or more from the bus and instructed to remain there until the driver has determined that the danger has passed.
2. **Unsafe position of the bus.** When the bus is stopped because of an accident, mechanical failure, road conditions, or human failure, the driver must determine immediately whether it is safer for students to remain on board or to evacuate the bus.
3. **Mandatory evacuations.** The driver must evacuate the bus when:
 - a. The final stopping point is in the path of a train or adjacent to railroad tracks.
 - b. The stopped position of the bus may change and increase the danger (e.g., a bus comes to rest near a body of water or at a precipice where it could still move and go into the water or over a cliff). The driver should be certain that the evacuation is carried out in a manner which affords maximum safety for the students.
 - c. The stopped position of the bus is such that there is danger of collision.
4. **Sight distance.** In normal traffic conditions, the bus should be visible for a distance of 300 feet or more. A position over a hill or around a curve where such visibility does not exist should be considered reason for evacuation.

Important factors pertaining to school bus evacuation drills:

1. Safety of students is of the utmost importance and must be first considered.
2. All drills should be supervised by the principal or by persons assigned to act in a supervisory capacity.
3. The bus driver is responsible for the safety of the students. When the driver is incapacitated and unable to direct the evacuation, school patrol members, appointed students, or adult monitors should be authorized to direct these drills. It is important to have regular substitutes available.

Pupils assigned to assist with evacuation drills should possess the following qualifications:

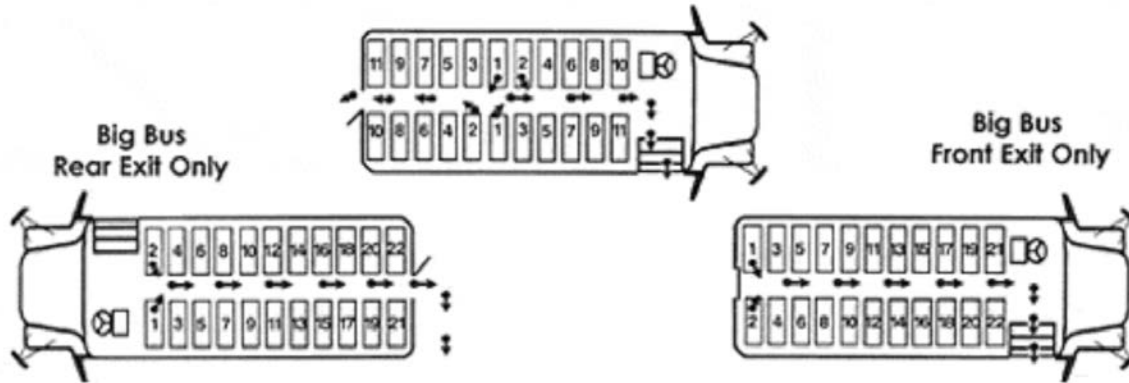
- a. Maturity.
- b. Good citizenship.
- c. Residence near end of bus line.

Assigned students should know how to:

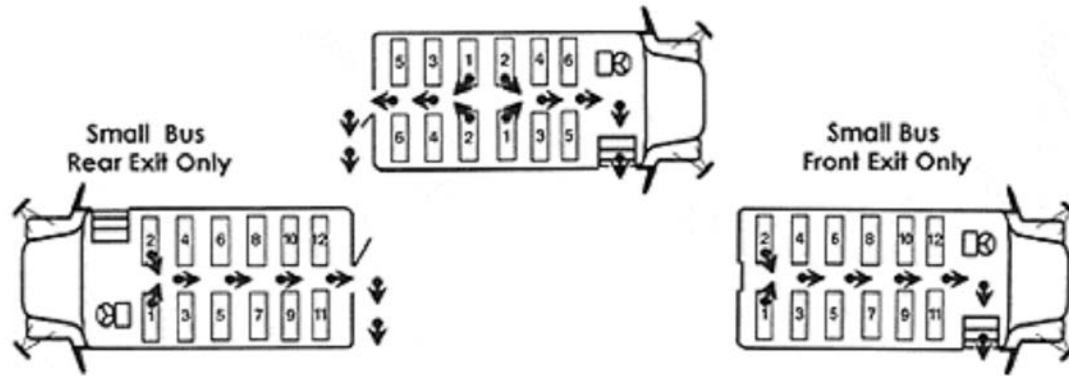
- a. Turn off ignition switch.
 - b. Set emergency brake.
 - c. Summon help when and where needed.
 - d. Open and close doors, and account for all students passing his exit.
 - e. Set out reflectors.
 - f. Help small students off bus.
 - g. Use radio to contact school officials.
 - h. Perform other assignments.
4. Written consent from parents or guardians should be obtained before assigning a pupil as a leader.
 5. Drills should be scheduled at least two times per school year. Optimally, the first evacuation drill should be performed early in the first semester and the second evacuation drill should be performed early in the second semester. All drills must be performed on the school campus and monitored by a school administrator or his/her designee. Document drills and turn them in to the transportation supervisor.

EMERGENCY EVACUATION DIAGRAM

Using available exits on a Big Bus



Using available exits on a Small Bus



Emergency Evacuation Drill (First Semester)

Federal Guideline 17 calls for school bus emergency evacuation drills to be conducted at least twice annually. Ideally, one drill should be done early in the fall and the other drill early in the spring. All students who are transported in a school vehicle should participate in the drills including those who may only ride buses for extracurricular activities.

This form should be completed after an evacuation drill and submitted to the transportation supervisor. However, individual school system reporting procedures may vary.

School System: _____ Date: _____

School: _____ Bus #: _____

Driver: _____ Sponsor: _____

TYPE OF EVACUATION CONDUCTED: Time Required For Evacuation In Seconds _____

_____ Front Door Evacuation _____ Rear Door Evacuation _____ Front and Rear Door Evacuation

PROCEDURES:

- _____ Driver activated hazard lights and set parking brake. _____ Driver turned engine off.
- _____ Driver placed radio microphone outside the driver window. _____ Passengers were instructed in proper safety procedures and where to go.
- _____ Passengers left bus in an orderly and safe fashion with assistance of driver. _____ Passengers were located at least 100 feet from the bus.
- _____ Driver checked bus to ensure all passengers were off the bus. _____ Student Roster (driver should take Student Roster)

Driver Signature: _____ Sponsor Signature: _____
(If extracurricular trip)

Comments:

Emergency Evacuation Drill (Second Semester)

Federal Guideline 17 calls for school bus emergency evacuation drills to be conducted at least twice annually. Ideally, one drill should be done early in the fall and the other drill early in the spring. All students who are transported in a school vehicle should participate in the drills including those who may only ride buses for extracurricular activities.

This form should be completed after an evacuation drill and submitted to the transportation supervisor. However, individual school system reporting procedures may vary.

School System: _____ Date: _____

School: _____ Bus #: _____

Driver: _____ Sponsor: _____

TYPE OF EVACUATION CONDUCTED: Time Required For Evacuation In Seconds _____

_____ Front Door Evacuation _____ Rear Door Evacuation _____ Front and Rear Door Evacuation

PROCEDURES:

- _____ Driver activated hazard lights and set parking brake. _____ Driver turned engine off.
- _____ Driver placed radio microphone outside the driver window. _____ Passengers were instructed in proper safety procedures and where to go.
- _____ Passengers left bus in an orderly and safe fashion with assistance of driver. _____ Passengers were located at least 100 feet from the bus.
- _____ Driver checked bus to ensure all passengers were off the bus. _____ Student Roster (driver should take Student Roster)

Driver Signature: _____ Sponsor Signature: _____
(If extracurricular trip)

Comments:

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LOADING/UNLOADING/RAILROAD CROSSINGS/BACKING

RULES TO LOAD AND UNLOAD STUDENTS

1. The driver should NEVER change stops. Unsafe situations should be reported to the supervisor.
2. Students should load or unload ONLY at their school or designated stop.
3. Stops should be visible at least 500 feet in both directions.
4. Stops should be at least 100 feet from railroad tracks and intersections.
5. Stops on interstate highways are prohibited.
6. Students should NOT cross a median or divided highway.
7. Students should wait on the side of the road on which they live.
8. Students should cross the street 10 feet in FRONT of the bus - NEVER behind the bus.
9. STOPS should always be in the RIGHT, OUTSIDE LANE, NEVER in the left lane (NEVER in a TURN LANE and NEVER WITH A TURN LANE TO THE RIGHT OF THE BUS).
10. Normally, students are safer ON the bus when the bus is backing.

DRIVER PROCEDURE

1. Check traffic, weather, and road conditions to determine a safe distance needed to warn traffic of an upcoming stop.
2. Activate yellow warning lights a safe distance (at least 300 feet in rural areas and 100 feet in urban areas).
3. Stop 10 feet before loading or unloading area:
 - a. Crack door immediately to activate red flashing lights and stop sign.
 - b. Apply parking brake.
 - c. Open door and load or unload students when safe.
4. Students should load in an orderly fashion after the bus stops, all traffic stops, and the bus driver signals them to load.
5. Students should be seated before the bus moves.
6. Before moving the bus, the driver must:
 - a. Release parking brake.

b. Check all mirrors, especially front crossover and side mirrors.

7. During the loading and unloading process, the driver should COUNT the students and move the bus ONLY after ALL students are safely on the side of the road on which they live or in their seats. Be alert for students' apparel or carry-on items being caught on the bus handrail, door, door handle, etc.
8. All students who live on the left side of the road should exit first and cross in single file.

RAILROAD CROSSING PROCEDURE

1. Check traffic in front and behind the bus.
2. Activate hazard lights (500 feet is a good "rule of thumb") before the crossing or at the railroad warning sign.
3. Have students trained to be quiet and still. Turn off heaters, defrosters, fans, radio, and open the window.
4. Stop no closer than 15 feet nor farther than 50 feet from the nearest track.
5. Open door and APPLY parking brake. Look and listen. (If train is approaching, close door until it passes.)
6. When clear, release parking brake and close door. (Never move with the door open.)
7. Cross the tracks as quickly and safely as possible.
8. Turn off hazard lights after crossing tracks and resuming normal speed.

BACKING PROCEDURE

NEVER BACK UNLESS ABSOLUTELY NECESSARY!

NEVER BACK WITH STUDENTS ON THE GROUND!

If you must back, follow these procedures:

1. Helper seated in back seat of bus.
2. Hazard lights.
3. Horn.
4. Check all mirrors constantly and over both shoulders.
5. Back slowly and no farther than necessary.

SEATING CHART

BUS # _____

DRIVER

(Front of Bus)

	Row 1	
	Row 2	
	Row 3	
	Row 4	
	Row 5	
	Row 6	
	Row 7	
	Row 8	
	Row 9	
	Row 10	
	Row 11	
	Row 12	

Back of Bus