

# 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

PHILIP C. CLEVELAND, INTERIM STATE SUPERINTENDENT OF EDUCATION

# PRE-TRIP MEMORY AID

## ANY LEAKS

### ENGINE

#### COMPARTMENT

(under hood)  
brake fluid level (Type A Bus)  
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/bud wheels  
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  
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 FOR BRAKE CHECK

### AIR BRAKES

1. Chock wheels.
2. Start the engine and build air pressure to 120 psi.
3. Turn the engine off, turn the ignition on and release parking brake (off-on-in).
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. Remove chocks.
8. Start the engine. Check the brake system by placing the transmission in gear and slightly press the accelerator. With the air pressure below 10 psi, check again with brake air pressure above 100 psi. Check the service brake by releasing the control knob and accelerate to approximately 5 mph. Apply pressure to service brake to ensure the bus does not pull side-to-side and stops smoothly.

**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.*



**A MESSAGE FROM THE INTERIM  
STATE SUPERINTENDENT OF EDUCATION  
PHILIP C. CLEVELAND**

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,

Philip C. Cleveland, Ed.D.  
Interim 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 they must also pass and have on file a current physical examination form.
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 violations). 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 have been 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.**

**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.

**Student 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 MONTHLY ROUTE REPORT** **AUGUST**

\_\_\_\_\_  
**DRIVER NAME** **BUS #** **ROUTE NUMBER**  
**SCHOOL YEAR 20** \_\_\_\_\_ **to 20** \_\_\_\_\_ **SCHOOL SYSTEM:** \_\_\_\_\_

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. _____	<b>Day 1</b>	A			<b>Day 8</b>	A			<b>Day 15</b>	A		
		B				B				B		
		C				C				C		
		D				D				D		
		Total				Total				Total		
	<b>Day 2</b>	A			<b>Day 9</b>	A			<b>Day 16</b>	A		
		B				B				B		
		C				C				C		
		D				D				D		
		Total				Total				Total		
	<b>Day 3</b>	A			<b>Day 10</b>	A			<b>Day 17</b>	A		
		B				B				B		
		C				C				C		
		D				D				D		
		Total				Total				Total		
	<b>Day 4</b>	A			<b>Day 11</b>	A			<b>Day 18</b>	A		
		B				B				B		
		C				C				C		
		D				D				D		
		Total				Total				Total		
	<b>Day 5</b>	A			<b>Day 12</b>	A			<b>Day 19</b>	A		
		B				B				B		
		C				C				C		
		D				D				D		
		Total				Total				Total		
	<b>Day 6</b>	A			<b>Day 13</b>	A			<b>Day 20</b>	A		
		B				B				B		
		C				C				C		
		D				D				D		
		Total				Total				Total		
	<b>Day 7</b>	A			<b>Day 14</b>	A			<b>Day 21</b>	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 \_\_\_\_\_

Date: 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
Engine Oil & Coolant	M	M	M	M	M	M	M	M	M	M	M	M
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 MONTHLY ROUTE REPORT SEPTEMBER

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 _____
Loaded Miles One Way

AM _____ PM _____
Unloaded Miles One Way

 Student Time on Bus (*minutes*) AM \_\_\_\_ PM \_\_\_\_ SCHOOL YEAR 20\_\_ to 20\_\_

 Road Condition (*Circle One*) Satisfactory Poor

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 \_\_\_\_\_

Date: 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
Engine Oil & Coolant	M	M	M	M	M	M	M	M	M	M	M	M
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 MONTHLY ROUTE REPORT OCTOBER

---

 DRIVER NAME

---

 BUS #

---

 ROUTE NUMBER

SCHOOL YEAR 20\_\_ to 20\_\_

SCHOOL SYSTEM:

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 \_\_\_\_\_

Date: 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
Engine Oil & Coolant	M	M	M	M	M	M	M	M	M	M	M	M
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/Leak												
Springs/Shocks												
Driver Initials	→											

I certify that I have observed all official regulations.

Driver Signature

# SCHOOL BUS MONTHLY ROUTE REPORT

## NOVEMBER

---

 DRIVER NAME

---

 BUS #

---

 ROUTE NUMBER

SCHOOL YEAR 20\_\_ to 20\_\_

SCHOOL SYSTEM:

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 \_\_\_\_\_

Date: 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	A	P	M
Items to be Checked	A	P	M	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 MONTHLY ROUTE REPORT DECEMBER

---

 DRIVER NAME

---

 BUS #

---

 ROUTE NUMBER

SCHOOL YEAR 20\_\_ to 20\_\_

SCHOOL SYSTEM:

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 \_\_\_\_\_

Date: 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
Engine Oil & Coolant	M	M	M	M	M	M	M	M	M	M	M	M
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/Leak												
Springs/Shocks												
Driver Initials	→											

I certify that I have observed all official regulations.

Driver Signature

# SCHOOL BUS MONTHLY ROUTE REPORT

## JANUARY

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 DRIVER NAME

---

 BUS #

---

 ROUTE NUMBER

SCHOOL YEAR 20\_\_ to 20\_\_

SCHOOL SYSTEM:

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 \_\_\_\_\_

Date: 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 MONTHLY ROUTE REPORT FEBRUARY

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 DRIVER NAME

---

 BUS #

---

 ROUTE NUMBER

SCHOOL YEAR 20\_\_ to 20\_\_

SCHOOL SYSTEM:

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 \_\_\_\_\_

Date: 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
Engine Oil & Coolant	M	M	M	M	M	M	M	M	M	M	M	M
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 MONTHLY ROUTE REPORT

## MARCH

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 DRIVER NAME

---

 BUS #

---

 ROUTE NUMBER

SCHOOL YEAR 20\_\_ to 20\_\_

SCHOOL SYSTEM:

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 \_\_\_\_\_

Date: 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/Leak												
Springs/Shocks												
Driver Initials												

I certify that I have observed all official regulations.

Driver Signature

# SCHOOL BUS MONTHLY ROUTE REPORT

## APRIL

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 DRIVER NAME

---

 BUS #

---

 ROUTE NUMBER

SCHOOL YEAR 20\_\_ to 20\_\_

SCHOOL SYSTEM:

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 \_\_\_\_\_

Date: 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
Engine Oil & Coolant	M	M	M	M	M	M	M	M	M	M	M	M
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 MONTHLY ROUTE REPORT

## MAY

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**DRIVER NAME**


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**BUS #**


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**ROUTE NUMBER**
**SCHOOL YEAR 20**        **to 20**       
**SCHOOL SYSTEM:**

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 \_\_\_\_\_

Date: 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/Leak												
Springs/Shocks												
Driver Initials												

I certify that I have observed all official regulations.

Driver Signature

# SCHOOL BUS MONTHLY ROUTE REPORT

---

 DRIVER NAME

---

 BUS #

---

 ROUTE NUMBER

SCHOOL YEAR 20\_\_ to 20\_\_

SCHOOL SYSTEM:

 Reporting Period: \_\_\_\_ to \_\_\_\_  
                                  mm                                   dd                                   mm                                   dd

B. D.

A. C.

SCHOOLS SERVED &gt;

Day/ Date	School Served	Number Transported		Day/ Date	School Served	Number Transported		Day/ Date	School Served	Number Transported	
		AM	PM			AM	PM			AM	PM
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 \_\_\_\_\_

Date: 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
Engine Oil & Coolant	M	M	M	M	M	M	M	M	M	M	M	M
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/Leak												
Springs/Shocks												
Driver Initials	→											

I certify that I have observed all official regulations.

Driver Signature

ROUTE NUMBER

**SCHOOL SYSTEM:**

**Reporting Period:**      to     

Day/ Date	School Served	Number Transported		Day/ Date	School Served	Number Transported		Day/ Date	School Served	Number Transported	
		AM	PM			AM	PM			AM	PM
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		

DRIVER SIGNATURE

# SCHOOL BUS PRE-TRIP INSPECTION RECORD

School System: \_\_\_\_\_

Driver Name: \_\_\_\_\_

Bus Number: \_\_\_\_\_

Begin \_\_\_\_\_

Date: 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
Engine Oil & Coolant	M	M	M	M	M	M	M	M	M	M	M	M
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/Leak												
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 →	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
	1		Gallons of Fuel Added															
	2		Quarts of Oil Added															
	3		Items to be Checked	D	R	D	R	D	R	D	R	D	R	D	R	D	R	D
	4		Engine Oil/Coolant															
	5		Belts, Wires, & Hoses															
	6		Windshield & Windows															
	7		Tires & Lugs															
	8		Exhaust System															
	9		Brakes & Brake Leaks															
	10		Park or Emer. Brake															
	11		Emer. Exits & Buzzer															
	12		Headlights/Hazzard															
	13		Pupil Loading Lights															
	14		Stop/Crossing Arms															
	15		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

**School District**

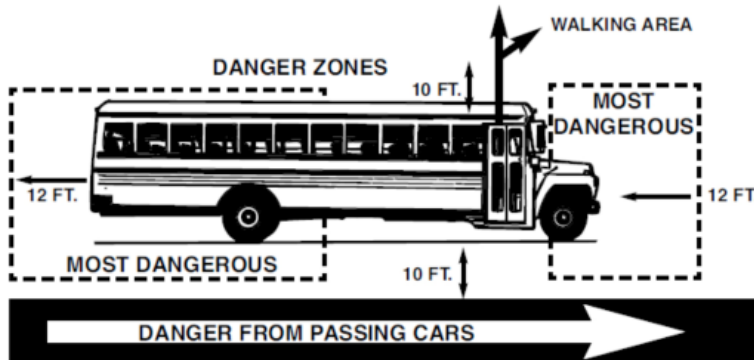
\_\_\_\_\_

**Bus Number**

\_\_\_\_\_

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

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

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

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: \_\_\_\_\_

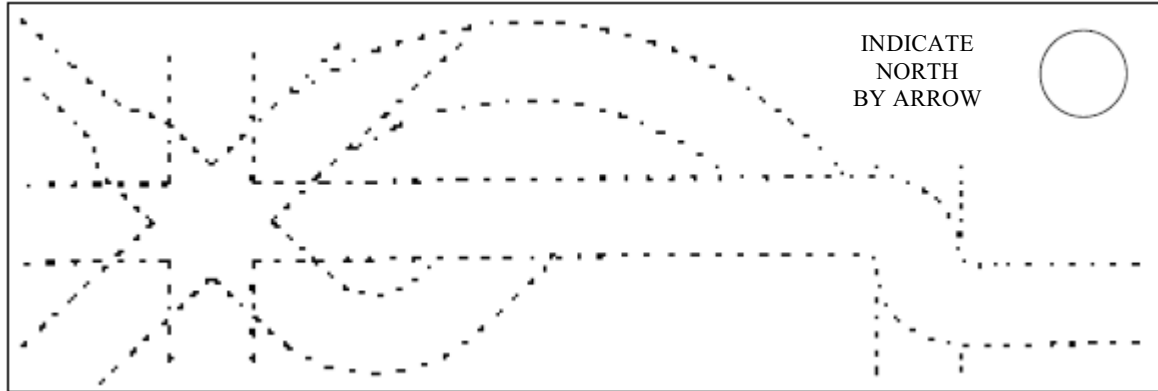
Estimated Damage to Other Vehicle: \$ \_\_\_\_\_

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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



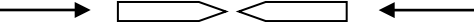


Use reverse side for making sketch and listing injured pupils. Attach extra sheets whenever necessary to complete information requested.

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:**

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

**TRANSPORTATION SUPERVISOR NARRATIVE:**

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School System

Transportation Supervisor Signature

Bus Number \_\_\_\_\_ Driver Name \_\_\_\_\_

[illegible]

School System \_\_\_\_\_

Bus Number \_\_\_\_\_ Driver Name \_\_\_\_\_

[illegible]



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

**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:**

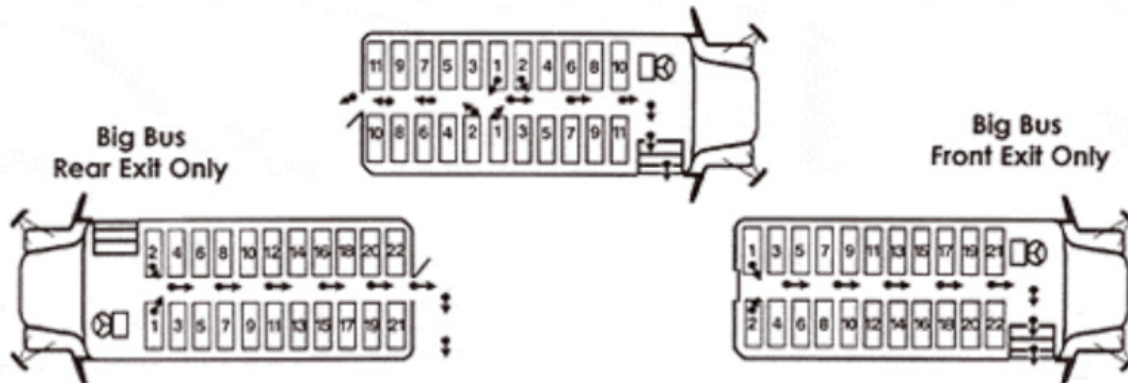
- a. Maturity.
- b. Good citizenship.
- c. Residence near end of bus line.

## **Assigned students should know how to:**

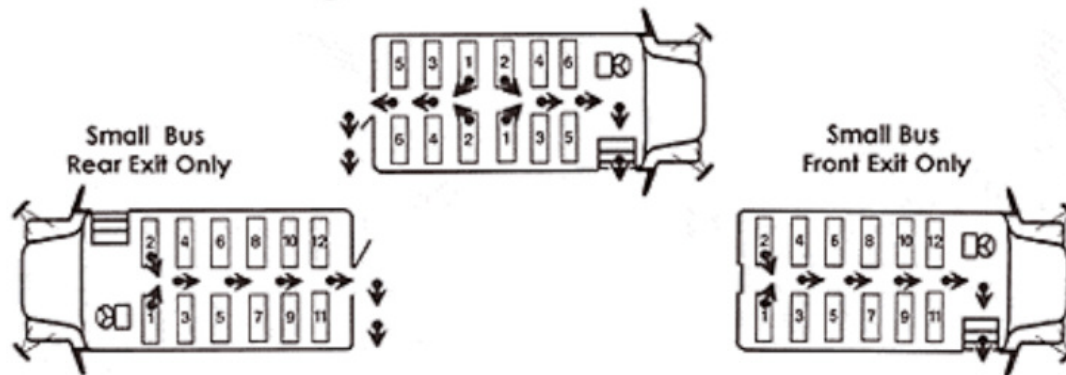
- a. Turn off ignition switch.
  - b. Set emergency brake.
  - c. Summon help when and where needed.
  - d. Open and close doors, and account for all students passing his exit.
  - e. Set out reflectors.
  - f. Help small students off bus.
  - g. Use radio to contact school officials.
  - h. Perform 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:**

# 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 BUS).
10. Normally, students are safer ON the bus when the bus is backing.
11. 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.
12. All students who live on the left side of the road should exit first and cross in single file.

## Student Loading/Unloading Procedures

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. Activate red flashing lights and stop sign.
  - b. Apply parking brake and check traffic.
  - c. Open door immediately.
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.
  - c. Deactivate red flashing lights and stop sign.

## IMITATION RULE

- \* Except for specific situations defined in AL CODE 32 (ACT #2006-311), when your bus is approaching or following another bus that is loading or unloading, you should mirror the other bus' procedures. If there is any traffic between you and the other bus use hazard lights only.
- \* Be alert for student apparel and book bags being caught on the bus handrail, door, door handle, etc.
- \* Never move the bus with the door open or cracked.

## Safety Procedures at Railroad Crossings

1. Check traffic and activate hazard lights approximately 500 feet from the crossing.
2. Open the window.
3. Shut down all noise heater/defroster, radios, students, etc. (not the engine).
4. Stop no closer than 15 feet nor farther away than 50 feet from the nearest rail.
5. Open the door.
6. Engage the parking brake.
7. Look and listen for the train.
8. If a train is seen or heard approaching, close the door and wait for the train to pass. After the train passes, open the door and check for another train then proceed with caution when clear.
9. If no train is present, release the parking brake, close the door, and proceed with caution only after you have determined that no train is approaching. Continue to check both directions while crossing the tracks.
10. Deactivate the hazard lights and resume normal operations after crossing the tracks.

## 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