



School Bus Safety Unit

Kansas State Department of Education
Landon State Office Building
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www.ksde.org

Transportation Safety Review Question Guidance – 2015-16 School Year

1. All school districts have conducted at least one emergency evacuation drill per semester for all students riding a route bus.

KAR 91-38-9. EMERGENCY PROCEDURES

- (a) Each governing body shall adopt procedures to be followed by school transportation providers if confronted with an emergency situation when on the road.
- (b) Each governing body shall ensure that students who are regularly transported to and from school in a school bus receive instruction, at least once each semester, about practices and procedures to follow if an emergency occurs while being transported.
- (c) Each governing body shall ensure that emergency evacuation drills are conducted at least once each semester. Each emergency evacuation drill shall be supervised by the transportation supervisor or the supervisor's designee.
- (d) The transportation supervisor shall prepare documentation of each emergency evacuation drill, including the date of the drill, number of student participants, and the names of the supervising personnel. This documentation shall be kept on file for at least two years from the date of the drill.

Auditor Guidance

Documentation of each emergency evacuation drill performed by the school shall be kept. The documentation shall include:

- Auditors will be reviewing records for the 2014-2015 school year
- Date of the drill
- Number of student participants
- Names of the supervising personnel
- Documentation required to be kept on file for at least two years from the date of the drill.
- Some school will do a school wide drill and some do it by the route, either way is acceptable.
- Must perform actual drills
- Can be counted as a safety meeting if a safety pre-briefing or safety post-briefing is done in conjunction with the evacuation drill.

Note: On activity trips the driver is required to provide an explanation of the location and operation of the emergency exits on the bus before starting the trip.

There is not any specific form the schools are required to use to document. The auditor can use discretion in this determination. KSDE School Bus Safety Unit does have a form on their website which schools can use or modify and use at the following link:

<http://www.ksde.org/Portals/0/School%20Bus/Forms/Evacuation%20Drill%20Script%20and%20Record.pdf>

2. All drivers have appropriate driver licenses.

KAR 91-38-6. SCHOOL TRANSPORTATION DRIVER QUALIFICATIONS.

(a) Driver's licensing and age requirements. Each person employed by a school district or by a school bus contractor who, at any time, will provide student transportation, shall be licensed in accordance with K.S.A. 8-234b and amendments thereto, or the appropriate licensing statutes of the person's state of residence. Each person also shall meet the requirements listed below:

- (1) Each driver of a school bus or activity bus with a gross weight of over 26,000 pounds shall maintain a commercial class A or B driver's license, with passenger endorsement.
- (2) Each driver of a school bus or activity bus that has a gross weight of 26,000 pounds or less, and designed for transporting 16 passengers or more, shall maintain a commercial class A, B, or C driver's license, with passenger endorsement.
- (3) Each driver of a school passenger vehicle or a school bus or activity bus that has a weight of 26,000 pounds or less, is designed to transport fewer than 16 passengers, shall maintain an appropriate noncommercial operator's license.
- (4) Each driver's license shall be valid within the driver's state of residence.
- (5) Each driver of an activity bus shall be 21 years of age or older.

Auditor Guidance

- Auditors will be reviewing current records
- CDL required if driving a bus & transporting more than 16 including the driver.
- Endorsements needed on CDL include the "P" (Passenger) & "S" (School Bus)
- Coach style buses used as a school activity bus require the driver to have an S endorsement.
- Check expiration date of license. Class may be either an A, B or C. (C is for small buses)
- Do any buses have air brakes? - If so Restriction L should not be present on license.
- School Vehicles would only require a DL Class/Non Commercial Class C license.
- May have a temporary license looks like a grocery store receipt.
- "K" restriction indicates the driver can only drive school bus/commercial motor vehicle in the State of Kansas.

Endorsements:

T – Double/Triples
H – Hazmat
N – Tank
P – Passenger
S – School Bus
X – Combined Hazmat and Tank

Restrictions that may be on a CDL include but are not limited to:

B - Corrective Lenses
E - No Manual Transmission in a CMV
D - Prosthetic Aid
L - Without Airbrakes
M - No CDL Class A Bus
N - No CDL Class A/B Bus
O - No Tractor Trailer
J08 - Seasonal CDL
J10 - Non Domiciled CDL
J20 - Temporary Resident
J21 - Hearing aid in a CMV
J22 - No A/B School Bus
J23 - Corrective lenses in CMV

New Style DL

CDL Class
Endorsements
Restrictions



Older Style DL

CDL Class

Restrictions

Endorsements



3. All Drivers have current physical exam on file.

KAR 91-38-6. SCHOOL TRANSPORTATION DRIVER QUALIFICATIONS.

(g) Physical examination and health requirements.

(1) The physical qualification requirements for school transportation providers in Kansas shall be those in 49 C.F.R. 391.41, as in effect on October 1, 1998, which is adopted by reference. The physical examination form that is prescribed by the federal highway administration, office of motor carriers, and that is available from the state department of education shall be utilized to document the results of each examination.

(2) The physical examination shall be certified by a person licensed to practice medicine and surgery, and shall be required according to the following schedule:

(A) Before beginning employment as a school transportation provider;

(B) at least every two years after the date of the initial physical examination; and

(C) at any time requested by the driver's employer, the school transportation supervisor, or the state department of education.

(3) A properly certified physical examination report required under this subsection shall constitute the certification of health required by K.S.A. 72-5213 and amendments thereto.

(4) Each governing body shall keep on file a current physical examination report for each school transportation provider. If a provider leaves employment for any reason, the person's last physical examination report shall be kept for two years after the person leaves.

Auditor Guidance

- Auditors will be reviewing current records.
- May be a certificate or a card.
- Should have some verbiage showing the physical meets 49 CFR 391.41 – 391.49 (US DOT is in process of changing the look of this certificate sometime in the future. We will continue to accept the current version in addition to the new one. Sample of new certificate is attached.
- School Passenger Vehicle Exception – Not required unless driver primarily hired to provide transportation. i.e. A debate teacher transporting debate students to a debate tournament in a suburban is not required a physical.
- Teacher/Coach who drives a school bus needs to have physical.
- If waiver box is checked make sure waiver on file.

Waiver may be in the form of a letter or federal document. Use your discretion or contact Keith or Dennis for further guidance.



MEDICAL EXAMINER'S CERTIFICATE				
I certify that I have examined _____ in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when:				
<input type="checkbox"/> wearing corrective lenses	<input type="checkbox"/> driving within an exempt intracity zone (49 CFR 391.62)			
<input type="checkbox"/> wearing hearing aid	<input type="checkbox"/> accompanied by a Skill Performance Evaluation Certificate (SPE)			
<input type="checkbox"/> accompanied by a _____ waiver/exemption	<input type="checkbox"/> qualified by operation of 49 CFR 391.64			
The information I have provided regarding this physical examination is true and complete. A complete examination form with any attachment embodies my findings completely and correctly, and is on file in my office.				
SIGNATURE OF MEDICAL EXAMINER	TELEPHONE	DATE		
MEDICAL EXAMINER'S NAME (PRINT)	<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> Physician Assistant	<input type="checkbox"/> Chiropractor <input type="checkbox"/> Advanced Practice Nurse <input type="checkbox"/> Other Practitioner		
MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NO./ISSUING STATE	NATIONAL REGISTRY NO.			
SIGNATURE OF DRIVER	INTRASTATE ONLY <input type="checkbox"/> YES <input type="checkbox"/> NO	CDL <input type="checkbox"/> YES <input type="checkbox"/> NO	DRIVER'S LICENSE NO.	STATE
ADDRESS OF DRIVER				
MEDICAL CERTIFICATION EXPIRATION DATE				



MEDICAL EXAMINER'S CERTIFICATE				
I certify that I have examined _____ in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when:				
<input type="checkbox"/> wearing corrective lenses	<input type="checkbox"/> driving within an exempt intracity zone (49 CFR 391.62)			
<input checked="" type="checkbox"/> wearing hearing aid	<input type="checkbox"/> accompanied by a Skill Performance Evaluation Certificate (SPE)			
<input type="checkbox"/> accompanied by a _____ waiver/exemption	<input type="checkbox"/> qualified by operation of 49 CFR 391.64			
The information I have provided regarding this physical examination is true and complete. A complete examination form with any attachment embodies my findings completely and correctly, and is on file in my office.				
SIGNATURE OF MEDICAL EXAMINER	TELEPHONE	DATE		
MEDICAL EXAMINER'S NAME (PRINT)	<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> Physician Assistant	<input type="checkbox"/> Chiropractor <input type="checkbox"/> Advanced Practice Nurse <input type="checkbox"/> Other Practitioner		
MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NO./ISSUING STATE	NATIONAL REGISTRY NO.			
SIGNATURE OF DRIVER	INTRASTATE ONLY <input type="checkbox"/> YES <input type="checkbox"/> NO	CDL <input type="checkbox"/> YES <input type="checkbox"/> NO	DRIVER'S LICENSE NO.	STATE
ADDRESS OF DRIVER				
MEDICAL CERTIFICATION EXPIRATION DATE				
DOF45 LABELMASTER® (800) 621-5808 www.labelmaster.com				

4. Drivers have attended at least 10 safety meetings during past school year.

Note: Number of meetings is pro-rated for staff hired during the school year.

KAR 91-38-3. SCHOOL TRANSPORTATION SUPERVISOR: DUTIES AND RESPONSIBILITIES.

(c) Driver training meetings.

- (1) Each transportation supervisor shall conduct at least 10 safety meetings per year for all school transportation providers employed by the school district.
 - (2) Attendance at each meeting shall be documented with a sign-in sheet or similar document. The record of attendance and the agenda shall be retained by the supervisor for at least two years.
 - (3) Safety meeting topics shall include school transportation safety concerns from drivers regarding route safety, changes in laws or regulations, and other safety issues as determined appropriate by the transportation supervisor.
 - (4) Safety meetings may be videotaped so that drivers who are unable to attend a particular meeting may view the program at another time.
 - (5) Newly hired drivers shall be required to attend only those meetings held following their employment.
-

Auditor Guidance

- Auditors will be reviewing records for the 2014-2015 school year
- School District should have some type of documentation showing their drivers attending safety meetings.
- Specific type of form is not required.
- Ten safety meetings per school year, no specific number per month, may do more than 10 a year to accommodate all drivers but driver is only required to attend appropriate number.
- May prorate drivers who did not work full year which would include drivers on FMLA or other leave for more than 30 days. (one meeting for each 30 days)
- KSDE sample form below (on our website) which has documentation for makeup meeting.
- School Passenger Vehicle Exception – Not required unless driver primarily hired to provide transportation. i.e. A debate teacher transporting debate students to a debate tournament in a suburban would not be required to attend safety meetings.
- Teacher/Coach or other employee who drives an activity/school bus needs to attend safety meetings.
- If driver is listed as an Emergency Driver (can drive no more than 5x per year) attendance not required.
- Can count mandated school training for safety meetings (with proper documentation) such as: first aid/cpr, accident prevention course, blood borne pathogen training, emergency safety intervention training and evacuation drills provided a safety pre-briefing or safety post-briefing is done in conjunction with the evacuation drill.

Sample roster is attached to this document and is also available on website.

USD _____ **School Passenger Vehicle Driver Inspection Form**

Vehicle # _____

Destination _____

Date _____

Driver/Sponsor Name _____

School/Organization _____

Departure Time _____ Expected time of arrival _____ Back Home/School _____

Vehicle Occupants: _____

Walk around the outside of the vehicle – check for:

_____ Damage to body of vehicle _____ Windshield/Mirrors Clean

_____ Tires (no flats or bulges)

On inside of vehicle check –

_____ Lights _____ Horn _____ Fuel Gauge

_____ Fire Extinguisher _____ First Aid Kit _____ Windshield Wipers

If any defect is found please comment: _____

NOTE: Pre- Trip Inspection is required by law to be done by driver before every trip. Check report before and after every trip, make note of problems, and turn in AFTER activity trip. You are RESPONSIBLE for the vehicle you are driving.

I have made the following pre-trip inspection of items listed above and found them in satisfactory condition.

Signature of driver

Start Mileage

Ending Mileage

IN AN EMERGENCY – NOTIFY OFFICE IMMEDIATELY: If on an activity trip, attempt to contact: _____

Use the KBESS (Kansas School Bus Emergency Support System) Booklet to locate help from local School District or take vehicle to nearest garage. In case of accident – Vehicle Registration and Insurance Card are located in the **GLOVE BOX**.

K.S.A. 72-8318 prohibits any school district or nonpublic school from transporting students in a vehicle designed for transporting more than 10 passengers in addition to the driver.

Hole Punch for 3 Ring Binder Along Dotted Lines

Fluids Check (check levels)										
M		T		W		TH		F		
AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	
										Oil
										Water
										Power Steering
										Brake Fluid
										Transmission Fluid
										Windshield & Windows
										Windshield Washer
										Hoses, Belts, Wiper Blades

Week Date Range: _____
(MM/DD/YYYY - MM/DD/YYYY)

Week Days	
Monday Start Mileage	
Monday End Mileage	
Driver Name	
Driver Signature	

Tuesday Start Mileage	
Tuesday End Mileage	
Driver Name	
Driver Signature	

Wednesday Start Mileage	
Wednesday End Mileage	
Driver Name	
Driver Signature	

Thursday Start Mileage	
Thursday End Mileage	
Driver Name	
Driver Signature	

Friday Start Mileage	
Friday End Mileage	
Driver Name	
Driver Signature	

Mechanic Signature: _____
Date: _____

[illegible][illegible][illegible]A blank 20x20 grid for graphing. The grid is composed of 20 columns and 20 rows of squares. A horizontal line is drawn across the middle of the grid, separating the top 10 rows from the bottom 10 rows. The grid is used for plotting the graph of the function $y = \sin(x)$ for $0 \leq x \leq 2\pi$.[illegible]

Child Check (Sign hung on back window of bus)
Doors & Windows Closed
Bus Clean & Fueled (Pick up trash, Sweep Floors)

UNIFIED SCHOOL DISTRICT _____
BUS PRE-TRIP INSPECTION

Bus # _____

Date: _____

ROUTE: AM/PM

ACTIVITY: AM

ACTIVITY: PM

Miles In:	Miles In:	Miles In:
Miles Out:	Miles Out:	Miles Out:
Total Miles:	Total Miles:	Total Miles:

In the columns provided below, enter the appropriate inspection codes for each item.

✓ - Good X - Questionable Ø - Defective N/A - Not Applicable

Fluids Check (check levels)

AM	PM	
		Oil
		Water
		Power Steering
		Brake Fluid
		Transmission Fluid
		Windshield & Windows
		Windshield Washer
		Hoses, Belts, Wiper Blades

General Appearance

AM	PM	
		Outside Cleanliness & Fluid Leaks
		Inside Cleanliness
		Seat Upholstery, Anchors
		Check for New Body Damage
		Tires & Wheels
		Mirrors, Adjustment
		Batteries
		Electrical Wiring
		Mud Flaps

Safety Equipment

		Fire Extinguisher
		Body Fluid Kit
		First Aid Kit
		Warning Triangles
		Emergency Door Operation & Buzzer
		Operation of Entrance Door

Inside Gauges (check operation)

		Oil Pressure, Temperature, Ammeter
		Brake Warning Light/Buzzer
		Fuel, 1/2 Full or More
		Wiper, High & Low Speeds
		Horn
		Left & Right Turn Signals
		Four-Way Flashers
		Amber Warning Lights
		Red Warning Lights
		Stop Arm Lights & Operation
		Heaters, Defrosters, Fan
		Reflectors
		Seat & Seat Belts (driver's)
		Seats (Passenger)
		Crossing Arm
		Parking Braking Operation

Lights & Controls

		Headlights, High & Low Beam
		Tail Lights
		Park & Side marker Lights
		Brake Lights
		Back up Lights
		Instrument & Control Panel Lights
		Interior Lights
		Step Lights
		Clearance Lights
		Strobe Light

Post - Trip

		Child Check			Door Closed
		Windows Closed			Bus Clean & Fueled

Drivers Signature

AM Route	_____	AM Activity	_____
PM Route	_____	PM Activity	_____

MEDICAL EXAMINER'S CERTIFICATE

I certify that I have examined _____ in accordance with the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when:

- | | |
|--|--|
| <input type="checkbox"/> wearing corrective lenses | <input type="checkbox"/> driving within an exempt intracity zone (49 CFR 391.62) |
| <input type="checkbox"/> wearing hearing aid | <input type="checkbox"/> accompanied by a Skill Performance Evaluation Certificate (SPE) |
| <input type="checkbox"/> accompanied by a _____ waiver/exemption | <input type="checkbox"/> qualified by operation of 49 CFR 391.64 |

The information I have provided regarding this physical examination is true and complete. A complete examination form with any attachment embodies my findings completely and correctly, and is on file in my office.

SIGNATURE OF MEDICAL EXAMINER		TELEPHONE		DATE	
MEDICAL EXAMINER'S NAME (PRINT)		<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> Physician Assistant			
		<input type="checkbox"/> Chiropractor <input type="checkbox"/> Advanced Practice Nurse <input type="checkbox"/> Other Practitioner			
MEDICAL EXAMINER'S LICENSE OR CERTIFICATE NO./ISSUING STATE		NATIONAL REGISTRY NO.			
SIGNATURE OF DRIVER		INTRASTATE ONLY <input type="checkbox"/> YES <input type="checkbox"/> NO	CDL <input type="checkbox"/> YES <input type="checkbox"/> NO	DRIVER'S LICENSE NO.	STATE
ADDRESS OF DRIVER					
MEDICAL CERTIFICATION EXPIRATION DATE					

Public Burden Statement

A Federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0006. Public reporting for this collection of information is estimated to be approximately 1 minute per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.



U.S. Department of Transportation
Federal Motor Carrier
Safety Administration

Medical Examiner's Certificate

(for Commercial Driver Medical Certification)

I certify that I have examined **Last Name:** _____ **First Name:** _____ in accordance with the Federal Motor Carrier Safety Regulations ([49 CFR 391.41-391.49](#)) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (*check all that apply*):

- | | |
|--|--|
| <input type="checkbox"/> Wearing corrective lenses | <input type="checkbox"/> Driving within an exempt intracity zone (49 CFR 391.62) |
| <input type="checkbox"/> Wearing hearing aid | <input type="checkbox"/> Accompanied by a Skill Performance Evaluation (SPE) certificate |
| <input type="checkbox"/> Accompanied by a _____ waiver/exemption | <input type="checkbox"/> Qualified by operation of 49 CFR 391.64 |

The information I have provided regarding this physical examination is true and complete.
A complete examination form with any attachment embodies my findings completely and correctly, and is on file in my office.

Medical Certificate Expiration Date

Signature of Medical Examiner

Medical Examiner's Telephone Number

Date Certificate Signed

Medical Examiner Name (*please print or type*)

☐ MD ☐ Physician Assistant ☐ Advanced Practice Nurse

☐ DO ☐ Chiropractor ☐ Other Practitioner (*specify*) _____

Medical Examiner's License or Certificate Number

License/Certificate Issued By (*State*)

National Registry Number

Signature of Driver

Driver's License Number

License Issued By (*State*)

Intrastate Only

CDL

☐ Yes ☐ No

☐ Yes ☐ No

Address of Driver

Street: _____ City: _____ State: _____ Zip Code: _____



Safety Meeting Roster

SCHOOL/CONTRACTOR:

USD:

DATE:

TIME:

LOCATION:

SAFETY MEETING
TOPIC/AGENDA &
ADDITIONAL INFORMATION:

INSTRUCTOR:

	Printed Name	Signature	Makeup Meeting Required	Makeup Meeting Date
1			<input type="checkbox"/>	
2			<input type="checkbox"/>	
3			<input type="checkbox"/>	
4			<input type="checkbox"/>	
5			<input type="checkbox"/>	
6			<input type="checkbox"/>	
7			<input type="checkbox"/>	
8			<input type="checkbox"/>	
9			<input type="checkbox"/>	
10			<input type="checkbox"/>	
11			<input type="checkbox"/>	
12			<input type="checkbox"/>	
13			<input type="checkbox"/>	
14			<input type="checkbox"/>	
15			<input type="checkbox"/>	
16			<input type="checkbox"/>	
17			<input type="checkbox"/>	
18			<input type="checkbox"/>	
19			<input type="checkbox"/>	
20			<input type="checkbox"/>	