TRAINING ACHIEVEMENT RECORD

To be filled out Daily By Trainer or Trainee.

Trainee Name _____Training Class _____Date_____

PERFORMANCE LEVEL:

CHECK ONE:

[ ] Extremely Limited: Can do simple safe driving tasks. Slow in understanding and applying principles. Needs to be told/shown repeatedly. Needs close supervision. Unsafe driving practice displayed.

[ ] Partially Proficient: Can do most tasks. Needs help on the harder parts of applying principles of driving. Strays occasionally from lessons. Drives too fast or slow. Needs some supervision.

[ ] Competent: Can do all safe driving task required, but no more. Occasionally drives too fast/slow for conditions. Needs only occasional supervision.

[ ] Highly Proficient: Can apply all safe driving techniques. (Applies concern on safety and image). Does not need supervision.

KNOWLEDGE OF PROCEDURES, TECHNIQUES, PRINCIPLES OPERATING PROFICIENCY:

CHECK ONE:

[ ] Extremely Limited: Has some difficulty learning or remembering safe driving techniques. Can drive a vehicle in the more simple maneuvers and situations.

[ ] Partially Proficient: Can identify and apply most safe driving techniques. Some personal interpretation or applications persist. Needs assistance in identifying more difficult decisions to be made.

[ ] Competent: Can identify and explain how and when safe driving techniques must be done. Needs very little assistance with interpreting instructions and procedures. Can analyze facts/principles.

[ ] Highly Proficient: Can analyze effectively solving problems and conditions quickly and accurately. Strives for improvement. Will ask for assistance interpreting difficult problems encountered.

PERSONAL BEHAVIOR:

CHECK ONE:

[ ] <u>Unreliable:</u> Inappropriate personal appearance, disruptive, uncooperative, disinterested, disrespectful.

[ ] <u>Occasionally Unreliable:</u> Cooperative, responsible, interested, respectful. Satisfactory appearance, occasionally absent.

[ ] <u>Consistently Reliable:</u> Reliable, cooperative responsible, interested, respectful, appropriate appearance, adds to conversations, arrives early, and misses no days.

Please check one.

[ ] Recommend more training [ ] Classroom [ ] Behind Wheel

[ ] Do not recommend more training--ok to Drive.

[ ] Recommend trainee should be dropped from training.

TRAINEE'S SIGNATURE _____DATE_____

TRAINER'S SIGNATURE _____DATE_____

SUPERVISOR REVIEW [ ] YES [ ] NO

APPROVED_____DISAPPROVED_____

SIGNATURE_____DATE_____

TRAINING COST

CLASS # _____DATE STARTED_____DATE FINISHED_____200_____

WAGES

Total behind the wheel hours of obstacle course_____ X Training Wage $_____= Cost of $_____
Total behind the wheel hours of on-street driving_____ X Training Wage $ _____= Cost of $_____
Total classroom hours for instructor _____ X Training Wage $ _____= Cost of $_____
Total time per interview _____ X Total # Interviews _____= Total Time _____X Wage _____
Cost of$_____
Total Wage Cost $_____

MILEAGE

Total obstacle course miles _____X Cost per mile_____ = Cost of $_____
Total on street miles _____X Cost per mile _____ = Cost of $_____
Total Miles Cost $_____

REPAIRS

Total repair cost for parts _____ = Cost of $_____
Total hours of repair time _____X Wage _____Cost (from R.O.) _____For mechanical program
Related directly to training = Cost of $_____
Total repair cost for parts _____X Wage _____Cost (from R.O.) _____For vehicles accidents
Related directly to training = Cost of $ _____
Total Repair Cost $ _____

OTHER

Cost for training material both classroom & behind the wheel $_____
Each X number of trainees _____ = Cost of $_____
Cost for physicals _____Each X Number of physicals_____ = Cost of $_____
Cost of drivers license check _____Each X Number of checks _____ = Cost of $_____
Cost for recruiting ads for class_____ = Cost of $_____
Cost for application packet for class_____ X Number of applications _____ = Cost of $_____
Total other Cost $_____

Total cost $_____By number of drivers hired from class _____=$ Cost per driver _____

Total year to date training cost (includes above) $_____By total year to date = $_____
= Average cost per drive $_____
Comparison$_____ Cost per driver this class $_____Cost per driver year to date $_____
Difference _____

TRAINING EXPENSE FOR TRAINER

CLASS#_____CLASS STARTED ON _____

INSTRUCTORS NAME/NUMBER	TOTAL HOURS	TOTAL MILES

Total Instructor Hours _____X Hourly Wage = $ _____

Total Miles _____X Cost Per Mile = $_____

Total Recruitment Cost _____

Total Interview Cost Wage & Material $ _____

Total Other Cost Overhead $ _____

Total Training Cost This Class $ _____

Total Cost $ _____

Number of Trainees Started Training _____

Number of Trainees Hired _____

Cost Per Trainee $_____Hired

DRIVER TRAINING TIME AND MILEAGE REPORT

NAME_____TERMINAL_____CLASS#_____

Reason for report: (Check One) [ ] New Driving Class [ ] Re-Certification In-Service [ ] Retraining

DATE	CODE	BEGINNING TIME	ENDING TIME	TOTAL TIME	BEGINNING MILEAGE	ENDING MILEAGE	TOTAL MILES	VEHICLE NUMBER	NAME OF DRIVER TRAINEE

CODE: OBSTACLE COURSE "0", ON STREET DRVIGING "S" -- THIS FORM IS TO BE TURNED INTO THE TRAINING COORDINATOR UPON COMPLETION OF TRAINING EACH DAY.

INDIVIDUAL TRAINING RECORD

NAME ______________________________PHONE #__________________________________
ADDRESS___________________________CITY __________STATE_________ZIP___________
D.O.B.______________EMERGENCY #__________________SSN # _______________________
LICENSE #_______________________TYPE________________EXPIRES____________________

STATUS [ ] REG. FULLTIME [ ] REG. PART TIME [ ] SUB ONLY

DATE STARTED TRAINING __________________ DATE FINISH TRAINING _______________
DATE HIRED______________________________ DATE LEFT __________________________

TRAINING INFORMATION

DATE	CODE	HOURS

QUALIFIED ON
[ ] AUTO TRANS.
[ ] MAN. TRANS.
[ ] LIFT BUS
[ ] AIR BRAKES
[ ] TRANSIT
[ ] VAN
[ ] CONV.
[ ] OTHER

EVALUATIONS

DATE	GRADE	REMARKS

VIOLATIONS,
COMPLAINTS
DATE ACTION TAKEN

CODES

A. - FIRST AID
B. - BEHIND THE WHEEL
C. - BEHIND THE WHEEL TEST
D. - D.D.C. CLASS
E. - VEHICLE INSPECTION
F. - CLOSE COURSE TRAINING
G. - CADET RIDING
H. - CADET DRIVING
I. - ON ROAD DRVING
J. - OTHER

SAFETY AWARDS
COMMENDATIONS

DATE	TYPE OF AWARDS

DRIVER LICENSE CHECK

MADE BY	DATE	O/K BY

MUST WEAR HEARING AID [ ]

MUST WEAR CORRECTIVES LENSES [ ]

ACCIDENTS

P.	N/P	DATE

DATE OF LAST PHYSICAL	DATE PERSONAL INJURY

REMARKS: ____

DRIVER TESTING/EVALUATION

DRIVER'S NAME_____**LICENSE #**_____**EXPIRATION** _____

DATE _____**SIZE OF VEHICLE** _____**TYPE BUS USED C**_____**T**_____**H**_____**V**_____

BUS #_____**ROUTES**_____

This is a record of : (Check One) [ ] Test on course [ ] Test off course [ ] Evaluation one route [ ] Training progress [ ] Accident [ ] Yearly performance was [ ] Acceptable [ ] Not acceptable please see below. More training is needed [ ] Yes [ ] No Comments_____
_____

ITEMS_____**DEMERITS**_____**COMMENTS**_____

BRAKE USE

Brakes in time	[][][][][][][]	_____
Smoothness	[][][][][][][]	_____
Parking brake	[][][][][][][]	_____
Reactions to hazards	[][][][][][][]	_____
On Turns	[][][][][][][]	_____
Smoothness of operation	[][][][][][][]	_____

BACKING

Mirror use	[][][][][][][]	_____
Control	[][][][][][][]	_____
Speed	[][][][][][][]	_____
Position before/after	[][][][][][][]	_____
Horn	[][][][][][][]	_____
Smoothness of operation	[][][][][][][]	_____

CAUTION

Observes traffic at intersections	[][][][][][][]	_____
Changing lanes	[][][][][][][]	_____
Merging traffic	[][][][][][][]	_____
Passing/being passed	[][][][][][][]	_____

CLUTCH

Riding clutch	[][][][][][][]	_____
Slipping clutch	[][][][][][][]	_____
Smoothness	[][][][][][][]	_____
Smoothness of operation	[][][][][][][]	_____

GENERAL OPERATION

Gauge use	[][][][][][][]	_____
Over rev	[][][][][][][]	_____
Lugging	[][][][][][][]	_____
Throttle use	[][][][][][][]	_____
Lane usage	[][][][][][][]	_____
Lane position	[][][][][][][]	_____
Signal use	[][][][][][][]	_____
Mirror use	[][][][][][][]	_____
Following distance	[][][][][][][]	_____
Steering	[][][][][][][]	_____
Speed	[][][][][][][]	_____
Awareness	[][][][][][][]	_____
Smoothness of operation	[][][][][][][]	_____

HILLS UP/DOWN

Stopping	[][][][][][][]	_____
Parking	[][][][][][][]	_____
Starting	[][][][][][][]	_____
Speed	[][][][][][][]	_____
Engine control	[][][][][][][]	_____
Shifting down	[][][][][][][]	_____
Shifting up	[][][][][][][]	_____
Use of gears	[][][][][][][]	_____
Brake use	[][][][][][][]	_____
Mirror	[][][][][][][]	_____
Lane usage	[][][][][][][]	_____
Roll back	[][][][][][][]	_____
Smoothness of operation	[][][][][][][]	_____

INTERSECTIONS

Obeys traffic controls	[][][][][][][]	_____
Observes traffic at intersection	[][][][][][][]	_____
Covers brake before	[][][][][][][]	_____
Looks left first	[][][][][][][]	_____
Looks right	[][][][][][][]	_____
Following distance	[][][][][][][]	_____
Position after stop	[][][][][][][]	_____
Right of way	[][][][][][][]	_____
Correct use of gears	[][][][][][][]	_____
Smoothness of operation	[][][][][][][]	_____

LOADING/UNLOADING

Approach to stop	[][][][][][][]	_____
Smoothness of stop	[][][][][][][]	_____
Use of 8 way lights	[][][][][][][]	_____
Position after stop	[][][][][][][]	_____
Use of mirrors when stopping	[][][][][][][]	_____
Use of mirrors after stop	[][][][][][][]	_____
Use of mirrors during loading	[][][][][][][]	_____
Use of mirrors during unloading	[][][][][][][]	_____
Use of mirrors before leaving curb	[][][][][][][]	_____
Stops 6 feet back from students	[][][][][][][]	_____
Has hand on horn	[][][][][][][]	_____
Parking brake on	[][][][][][][]	_____
Transmission in neutral	[][][][][][][]	_____
Signals students to load (right side)	[][][][][][][]	_____
Signals students to load (left side)	[][][][][][][]	_____
Watches students crossing road	[][][][][][][]	_____
Observes traffic loading/unloading	[][][][][][][]	_____
Watches students safely across road	[][][][][][][]	_____
Students seated before proceeding	[][][][][][][]	_____
All students in seats before stopping	[][][][][][][]	_____
Unloading watches students right side	[][][][][][][]	_____
Unloading watches students cross road	[][][][][][][]	_____
Smoothness of operation	[][][][][][][]	_____

PASSING AND BEING PASSED

Mirror use before passing	[][][][][][][]	_____
Use of signal before/after passing	[][][][][][][]	_____
Tailgating before passing	[][][][][][][]	_____
Clearance after passing	[][][][][][][]	_____
Illegal maneuver	[][][][][][][]	_____
Smoothness of operation	[][][][][][][]	_____

RAILROAD CROSSING

Use of mirrors before stopping	[][][][][][][]	_____
Use of signal before stopping	[][][][][][][]	_____
Pulling to far right for stopping	[][][][][][][]	_____
Correct distance from tracks	[][][][][][][]	_____
Transmission in neutral	[][][][][][][]	_____
All fans/radios off/turn down	[][][][][][][]	_____
Students quiet	[][][][][][][]	_____
Looking and listening right/left twice	[][][][][][][]	_____
Opens door before stopping	[][][][][][][]	_____
Opens door after stopping	[][][][][][][]	_____
Opens drivers window after stop	[][][][][][][]	_____
Closes door before leaving	[][][][][][][]	_____
Use of signal leaving stop	[][][][][][][]	_____
Use of mirror before leaving	[][][][][][][]	_____
Shifting gears while crossing	[][][][][][][]	_____
Smoothness of operation	[][][][][][][]	_____

SPEED CONTROL

Over speed limit	[][][][][][][]	_____
Too fast for safety	[][][][][][][]	_____
On turns	[][][][][][][]	_____
On approaching corners	[][][][][][][]	_____
Following distance	[][][][][][][]	_____
Smoothness of operation	[][][][][][][]	_____

SIGNALS--PROPER USE OF SIGNALS

Signal knowledge	[][][][][][][]	_____
Not used on lane change	[][][][][][][]	_____
Starting from curb	[][][][][][][]	_____
On turns	[][][][][][][]	_____

STOP SIGN/TRAFFIC SIGNAL

Obedience to signal/stop sign	[][][][][][][]	_____
Position after stop	[][][][][][][]	_____
Makes full stop	[][][][][][][]	_____
Transmission in neutral while waiting	[][][][][][][]	_____
Starts before signal changes	[][][][][][][]	_____
Doesn't check traffic movement	[][][][][][][]	_____
Smoothness of operation	[][][][][][][]	_____

STUDENT MANAGEMENT

Students observe safety rules	[][][][][][][]	_____
Noise level acceptable	[][][][][][][]	_____
Avoids shouting/threats	[][][][][][][]	_____
Students properly seated	[][][][][][][]	_____

RIGHT TURNS

Use of Mirrors	[][][][][][][]	_____
Use of signals	[][][][][][][]	_____
Correct lane before turning	[][][][][][][]	_____
Correct gear before turn	[][][][][][][]	_____
Shifting in turn	[][][][][][][]	_____
Swings too wide right turn	[][][][][][][]	_____

RIGHT TURNS

Swings too wide left turn	[][][][][][][]	_____
Cuts too short right turn	[][][][][][][]	_____
Cuts too short on left turn	[][][][][][][]	_____
Adequate time/space for turn	[][][][][][][]	_____
Smoothness of operation	[][][][][][][]	_____

LEFT TURNS

Use of mirror	[][][][][][][]	_____
Correct lane before turning	[][][][][][][]	_____
Correct lane after turn	[][][][][][][]	_____
Correct gear before turn	[][][][][][][]	_____
Shifting in turn	[][][][][][][]	_____
Swings too wide right turn	[][][][][][][]	_____
Swings too wide left turn	[][][][][][][]	_____
Cuts too short right turn	[][][][][][][]	_____
Cuts too short on left turn	[][][][][][][]	_____
Adequate time/space for turn	[][][][][][][]	_____
Smoothness of operation	[][][][][][][]	_____

OTHERS

Conducted pre-inspection	[][][][][][][]	_____
Conducted post-trip inspection	[][][][][][][]	_____
Safety equipment as prescribed	[][][][][][][]	_____
Use of seat belt	[][][][][][][]	_____
Cleanliness of bus	[][][][][][][]	_____
Personal appearance	[][][][][][][]	_____
Route knowledge and schedule	[][][][][][][]	_____
Overall courtesy on road	[][][][][][][]	_____
Defensive driving	[][][][][][][]	_____
Good driving habits	[][][][][][][]	_____
Driver attitude toward job	[][][][][][][]	_____
Driver attitude toward responsibility	[][][][][][][]	_____

COMMENTS BY TESTER _____

_____

_____

COMMENTS BY DRIVER _____

_____

_____

By signing below I understand what the tester has told me regarding my test.

Driver Please Sign Here_____**Date**_____

By signing below I do not under stand what the tester has told me regarding my test.

Driver Please Sign Here _____**Date**_____

Request meeting with supervisor [ ] Yes [ ] No

I have been given a copy of this road test on this date [ ] Yes [ ] No

Driver's Signature _____**Date**_____

Tester's Signature _____**Date**_____

Supervisor Signature_____**Date**_____

Copy: Parent
Principal
Supervisor
Driver

BUS DISCIPLINE REPORT
UNIFIED SCHOOL DISTRICT

Pupil Name _____

Home Address _____

Date _____ **A.M.** _____ **P.M.** _____

School _____ **Grade** _____

Nature of Problem
The above named has caused the driver trouble in the following areas:

Disobeyed driver	Tampered with the bus
Was too noisy	Threw Items
Put body out of the window	Used tobacco
Disturbed the driver	Carried illegal drugs
Distracted the driver	Eat or drank on the bus
Did not stay seated	Other

Comments _____

_____

_____

_____

_____

Dear Parent:

In the interest of safety, these incidents should not recur. Continued misconduct could lead to the denial of the right to ride the bus. We will appreciate your cooperation in this matter. Please sign this letter, which your child must present to the driver in order to ride the bus again.

Parent's Signature _____

[] 1st Offense: The pupil is being warned _____

[] 2nd Offense: The pupil may not ride unless he(she) changes_____

[] 3rd Offense: The pupil has been warned and he(she)has not improved. Therefore, we will not transport the above until_____

Driver _____ **Bus #** _____

Principal _____ **Supervisor** _____

INSPECTION INFORMATION AND ADDITIONAL REPAIRS

_____

_____

_____

_____

_____

_____

_____

_____

_____

BACK SIDE OF REPAIR ORDER

_____

_____

_____

_____

_____

_____

_____

_____

_____

Signature _____**Date** _____

REPAIR ORDER

DATE STARTED _____DATE FINISHED _____

MATERIAL USED

Quan.	Part#	Description	Price	Ext.
			TOTAL	

REPAIR ORDER # _____ FACILITY _____ VEHICLE # _____

REASON FOR REPAIR:

"A" INSPECTION	"B" INSPECTION	"C" INSPECTION	"D" INSPECTION	"E" INSPECTION
ODR	BKDWN	ACC	WNTY	VAND

JOB DESCRIPTION & WORK PERFORMED	EMPLOYEE	TIME CLOCK	TOTAL TIME
FUEL OIL GREASE TIRES		TOTAL	

OUTSIDE REPAIRS

PO #	Inv. #	DESCRIPTION	PRICE
			TOTAL

	COST	QUAN	SIZE						PRICE	EXT.
Fuel										
Qts. Oil										
Qts.										
Lbs. Grease										
Total		Total								

Total Labor	
Total Parts	
Outside Repair	
Fuel/Oil/Grease	
Road Call Miles	
Total	

Road Test Mileage Start _____ Finish _____
Dead Head Mileage _____ Finish _____
Road Call Mileage _____ Finish

Total Miles_____

Mechanic Signature _____Supervisor Signature _____
Date _____Date _____

EMPLOYEE CHECK LIST

NAME OF APPLICANT _____

APPLICANT INFORMATION	DATE	BY INITIAL	APPLICANT PLEASE SIGN BELOW
Application Received			
Date Stamped on Application			
Application Reviewed			
Written Test Given			
Written Test Reviewed By Applicant			
Job Description Given to Applicant			
Applicant Interviewed			
Approved [] Not Approved []			
Drivers Abstract Received			
Drivers Abstract Reviewed			
Drivers License Reviewed			
School Bus License Reviewed			
First Aid Card Reviewed			
Physical Card Reviewed			
Social Security Card Reviewed			
Reference Checks Forms Made Out			
Reference Check Mailed __ Phone__			
Reference Reviewed			
Employment Eligibility Verification			
Pre Employment Drug Test Given			
Drug Test Reviewed With Applicant			
Police Check Made On Applicant			
Approved For Training			
TRAINING INFORMATION			
Tour of Transportation Dept.			
Understands Training Program			
Training Record Folder Made Out			
Driver Training Manual Given On			
Classroom Training Started On			
Completed Classroom Training			
Passed Final Written Test Score _____			
C.D.L. Papers Given Out For Written Test			
Taken C.D.L. Written Test At D.M.V.			
Behind The Wheel Training Manual Given			
Behind The Wheel Training Started On			
Completed Behind The Wheel Training			
Passed Final Off Road Driving Test			
Passed Final On Road - Road Test			
All Training Records Made Out			
C.D.L. Papers Given Out For Road Test			
C.D.L. Road Test Taken (D.M.V. Office)			
Physical Papers Given Out			
Physical Taken On			
Copy of Physical Card			
Copy of All Drivers License			
Copy of Social Security			
Copy of First Aid Card			
Approved For Employment			

EMPLOYMENT INFORMATION	DATE	BY INITIAL	EMPLOYEE PLEASE SIGN BELOW
Started Employment On			
Personnel Folder Made Out			
Training Records In Personnel Folder			
All Personnel Information In Folder			
W-4 Forms Made Out			
Time Card			
Gas Card Given #_____			
Transportation Handbook #_____			
Procedure And Policy Manual #_____			
ID Card Made			
Gate Key			
Driver Room Key			
Shoulder Patches Amount Given			
Uniforms Given Amount Given _____			
Date Person Goes Off Probation			
Road Test Given After First 30 Days			
Written Evaluation Before			
Probation Ends 30 Days			
Road Test Given After 60 Days			
Written Evaluation Before			
Probation Ends 60 Days			
Road Test Before Probation Expires			
Written Evaluation Before			
Probation Ends 90 Days			
Approved For Employment			
AFTER EMPLOYEE PROBATION INFORMATION			
Yearly Drug Testing			
Yearly Road Test			
Yearly Written Evaluation			
Yearly Drivers Abstract Reviewed			
Yearly Employment Contract Made Out			
Yearly Drug Testing			
Yearly Road Test			
Yearly Written Evaluation			
Yearly Drivers Abstract Reviewed			
Yearly Employment Contract Made Out			
Yearly Drug Testing			
Yearly Road Test			
Yearly Written Evaluation			
Yearly Drivers Abstract Reviewed			
Yearly Employment Contract Made Out			
Yearly Drug Testing			
Yearly Road Test			
Yearly Written Evaluation			
Yearly Drivers Abstract Reviewed			
Yearly Employment Contract Made Out			
Yearly Drug Testing			
Yearly Road Test			
Yearly Written Evaluation			
Yearly Drivers Abstract Reviewed			
Yearly Employment Contract Made Out			

EXIT EMPLOYMENT INFORMATION	DATE	BY INITIAL	EMPLOYEE PLEASE SIGN BELOW
Exit Interview			
All Exit Papers Completed			
Returned Training Manuals			
Classroom []			
Behind Wheel []			
Policy & Procedures Manual []			
Gate Key Returned			
Drivers Room Key Returned			
ID Card Returned			
Uniforms Returned			
Shoulder Patches Returned			
Next Address to Mail W-4			
Other Items Returned _____ _____ _____			

Would Rehire Yes _____

Would Not Rehire _____

Why Not _____

_____

Approved By _____ **Date** _____

Filed On _____ **By** _____

TRANSPORTATION DEPARTMENT
SCHOOL BUS DRIVER PRE-SERVICE/IN-SERVICE TRAINING RECORD

NAME _____

REQUIRED FORMS:

PHYSICAL _____ **LICENSE #** _____
8 Hour Defensive Driving Course _____ **8 Hour First Aid Course** _____
Commercial Driver License _____

TRAINING - INSTRUCTION
DATE & CHECK WHEN COMPLETED

1. Orientation			
A. Introduction to Dept. Office, Personnel			
B. General Procedures and Policy, Location of Restrooms, Mailboxes			
2. Instructional Material:			
A. State Driver Handbook			
B. C D L Manual			
C. School Bus Driver Manual			
3. Familiarizations of Bus			
A. Pre-Trip Inspection: Lights, Tires, Body, Glass, Mirrors, Interior Rear Door			
B. Explain Safety Equipment and Its Use: Fire Extinguisher, Reflectors First Aid Kit			
C. Explain Operating Procedures: Starting, Warm Up, Gauges, Light Switch, Panel, Door			
D. Explain Adjustment of: Mirrors, Seat, Safety Belt			
E. Explain Duties on Return To Gauge			
F. Maintenance Procedures/Trouble Tickets, Damage Reports			
4. Driver Trainer Explains and/or Demonstrates:			
A. Starting the Bus, Duel Fuel Switching			
B. Discuss Defensive Driving & Constant Driver Alertness			
C. Smoothness of Steering, Backing and Braking			
D. Proper Turning Procedures: Length, Width, and Height Awareness			
E. Proper Passing and Lane Change Maneuvers			
F. Hazards of Weather and Road Conditions			
G. Proper Pupil Loading and Unloading Procedure, Check Bus After Each Run			
H. Regular or Simulated Route Driving			
I. Stopping of Bus When Brakes Fail			
J. Proper Railroad Crossing and Stop			
K. Proper Radio Use and Rules			
L. Bus Emergency Evacuation Procedures			
M. Reports: Explanation of; Time Sheets, Discipline Procedures, Etc., Field Trip Slips, Vandalism, Student Injuries, Employee Injuries Accidents, Employee Assistance Program, Personal Leave Day			
N. Check Bus When Parked At Garage for Students			

TRAINING EVALUATION
A. - ACCEPTABLE - NOT ACCEPTABLE

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5. Road Test

Pre-Trip Inspection: Systematic, Bus Interior and Exterior, Lights, Tires, Horn, Wipers, Brakes, Gauges, Glass, Emergency Equipment								
Motor: Fastens Safety Belt, Start Motor Properly, Proper Warm Up Time								
Brakes: Stops Smoothly, Brakes Properly On Hills & Curves								
Steering: Smooth & Steady, Proper Posture and Hand Position								
Lights Proper Use of Turn Signals & Headlights & Hazard Lights								
Stopping: Checks Mirrors, Stops Smoothly, Stops Completely, Behind Crosswalks								
Backing: Checks To Rear, Uses Mirrors, Backs Slowly, Back Straight								
Turning: Signals, Proper Lane Yield, Does Not Swing Too Wide or Cut Too Short								
Traffic Signs and Signals: Understands and Obeys								
Intersections: Alert To Traffic, Yields Right Of Way, Looks Left-Right-Left								
Passing: Safe Location, Looks Ahead and Behind, Doesn't Pass Un-Necessarily								
Hills: Proper Gear Selection, Proper Brake Use, Safe Speed								
Speed: Reasonable & Safe For Conditions, Within Posted Limits								
Railroad Crossing: Stops, Looks, Listens, Opens Door, Stops Between 15 & 50 Feet Back								
Interstate Driving: Uses Acceleration Lane Properly, Safe Following Distance, Maintains Proper Speed								
Pupil Unload: Counts Pupils, Checks Mirrors, Signals Safe Crossover, Proper Use Of 8 Light System								
General Attitude: Appearance, Alert and Attentive, Knowledge Of All Rules And Regulations, Courteous To Others, Check Bus At End Of Each Route For Students Who May Still Be On The Bus. Also Check At Garage When Bus Is Parked								

I Have Instructed This Trainee In All Subjects Contained In The Record.

Receipt Is Here By Acknowledged Of A Copy Of Driver's Policies, A Full Explanation Of Same, and Full Instruction Concerning All Of The Subjects Listed Below

Trainer _____
Date: _____
Check Ride Trainer:_____

Signature: _____
Date:_____

DRIVER TRAINING RECORD

Driver Name: _____ SS# _____Contract Name#_____

Unit #/Name/Contents	COMMENTS	DATE	CLASS HOURS	BTHW HOURS
Unit 1 - INTRO/ORIENTATION				
Video, "Drive for Excellent				
Primary Purpose				
Mission Statement				
Philosophy and Goals				
Policies -- Company, State Contract				
Operator Responsibilities				
Safety Culture				
Haz.Com (Right to Know)				
UNIT 2 - DRUG FREE WORKPLACE				
Overview of Drug Abuse Problem				
Video, "Drugs at Work"				
Drug Free Policy				
UNITS 3 & 13 - PRE-TRIP				
Vehicle Familiarization				
Various Types of Vehicles				
Vehicle Components				
Familiarization of Lights Mirrors, etc.				
Transmission				
Vehicle Movement				
Radio Use				
Post Trip				
Placards (School)				
Videos				

UNIT #/NAME/CONTENTS	COMMENTS	DATE	CLASS HOURS	BTW HOURS
UNITS 4 & 15 - GENERAL				
Defensive Driving **Principals of Defensive Driving**				
Videos				
UNIT 5 & 16 SPECIAL DEFENSIVE DRIVING				
Loss of Traction				
Night Driving				
Weather				
Unexpected Hazards				
Videos				
UNIT 6 - EMERGENCY PROCEDURES				
Equipment				
Accident Procedures				
Evacuation				
Special Problems				
Videos				
UNIT 7 & 17 - PASSENGER LOAD & UNLOAD **Approaching/Leaving Stops**				
Designated Stops				
Driver Responsibility				
Wheelchair and Ambulatory Lift And Securement				
Procedures				
UNIT 8 - PUBLIC RELATIONS **Driver Attitude**				
Importance of Good Relations				
UNIT 9 - SPECIAL NEEDS PASSENGERS				
Driver Responsibility				
Behavior Problems				
PAT (Sensitivity Training)				

UNIT #/NAME/CONTENTS	COMMENTS	DATE	CLASS HOURS	BTW HOURS
UNITS 10 ACTIVITY TRIPS/ CHARTER				
Responsibility of Driver				
Extra Equipment				
Special Considerations (Overnight, etc.)				
Videos				
UNIT 11- PASSENGER MANAGEMENT				
School Board/Customer Requirements				
Unruly Passengers				
Discipline Problems				
Problem Solving				
Video				
UNIT 12 - STD GENERAL INFORMATION				
Servicing Stops				
Fares and Fare Boxes				
Destination Signs				
Street Network Training (Map Reading)				
Conflicts				

UNIT #/NAME/CONTENTS	COMMENTS	DATE	CLASS HOURS	BTW HOURS
UNITS 14 PRECISION TRAINING				
Shifting Procedures				
Turning				
Backing				
Parking				
Use of Signals				
Speed				
Space Cushion				
Lane Usage				
Railroad Crossing				
Hill Procedure				
MNT Driving				
Adverse Weather				
Starts and Stops				
Courtesy				

License # & Class _____ **Permit #** _____ **State Certification** _____

Total Behind-the-Wheel Training Hours _____ **Total Classroom Hours** _____

Training Completed _____ **Date** _____ **Trainer** _____

Driver _____ **Manager** _____

Comments _____

RETRAINING

Date: _____ **Material Covered** _____

Comments: _____

Manager _____ **Trainer** _____

Driver _____ **Hours** _____

Date: _____ **Material Covered** _____

Comments: _____

Manager _____ **Trainer** _____

Driver _____ **Hours** _____

COMMENTS : _____

_____

_____

SCHOOL BUS DRIVER'S PRE-TRIP INSPECTION LOG

MARK AS FOLLOWS:

✓ = OK

◯ = Needs Attention

Use upper section of Box for AM
Use lower section of Box for PM
All items defective or requiring attention should be written up or on a Work Order
Initial log after each inspection

AM	
PM	

Date _____

Bus No.

Mirrors inside and out	AM						
	PM						
Emergency equipment	AM						
	PM						
Windshield and windows	AM						
	PM						
Windshield wipers and washers	AM						
	PM						
Brakes - Foot- pedal, hand	AM						
	PM						
Gauges, buzzers, and horn	AM						
	PM						
Steering and seat belt	AM						
	PM						
Heater/Defroster	AM						
	PM						
Interior lights - step and dome	AM						
	PM						
Seats/Floor	AM						
	PM						
Emergency Exits - windows - door and roof	AM						
	PM						
Back-Up Alarm	AM						
	PM						
Engine operation - gas and oil	AM						
	PM						
Anti-freeze and belts	AM						
	PM						
Tires and wheels	AM						
	PM						
Exhaust system	AM						
	PM						
Springs, hangers body clamps	AM						
	PM						
Headlights, marker lights	AM						
	PM						
Stoplights, taillights, and back-up lights	AM						
	PM						
Signals - turn, 4-way	AM						
	PM						
Flashers - yellow - red, stop arm	AM						
	PM						
	Drivers Initials						

DAILY BUS INSPECTION

BUS # _____

DRIVER #1 _____ **Driver #2** _____ **Driver #3** _____
Miles Start _____ **Miles Start** _____ **Miles Start** _____
Miles Finish _____ **Miles Finish** _____ **Miles Finish** _____
Total _____ **Total** _____ **Total** _____

(✓) OK (X) DEFECTIVE

Item	Driver #1	Driver #2	Driver #3	Item	Driver #1	Driver #2	Driver #3
1. Belts/Hoses				22. Mirrors/Glass			
2. Oil Level				23. Door Operation			
3 . Water Coolant				24. Heater/Defroster			
4. Fluid Leaks				25. Air Conditioner			
5. Tires/Lug Nuts				26. Wipers			
6 . Head Lamps				27. Horn			
7. Turn Signals				28. Emergency Brake			
8. Tail Lights				29. Brakes			
9. Brake Lights				30. Dash Lights			
10. Back-up Lamps				31. Interior Lights			
11. Clearance/Hazard Lights				32. Interior Seating			
12. Back-up Horn/Beeper				33. Exhaust System			
13. Fire Extinguisher				34. Seat Belts			
14. First Aid/Accident Kit				35. Radio Operation			
15. Accident Packet				36. Steering Operation			
16. Emergency Reflectors				37. Speedometer			
17. W/C Tie downs/Lap Rest.				38. Gauges: Oil			
18. Emergency Door Alarm				Temp			
19. W/C Lift Operation				Vacuum			
20. W/C Lift Cover				Amp			
21. Vehicle Documentation:				39. Fare Box Vault Number			
School Bus Cert.				40.			
Insurance Cert.				41.			
Registration				32.			

B O D Y D A M A G E

FRONT VIEW	LEFT SIDE VIEW	RIGHT SIDE VIEW	REAR VIEW

Description of Defects: _____

_____

_____

VCR # _____ **Date:** _____ **Mechanic** _____

"A" SERVICE
INSPECTION/LUBRICATION
ONCE EACH MONTH

Date _____ **Bus #** _____ **Facility** _____ **RO #** _____ **Mileage** _____
Date of last inspection _____ **Inspection Completed by:** _____

Check (✓) each item that meets inspection standards. Mark (X) each item needs attention and provide an explanation at the end of the section. Sign at the end of each completed section. (This form may be used for pre-delivery inspection)

	(✓) OK	(X) Needs Attn:
PRE-ROAD TEST		
1. Check low airflow vacuum warning	( )	( )
2. Start Engine check neutral safety	( )	( )
3. Check air gov setting 120 psi HI 90 psi LOW	( )	( )
4. Test horn check gauges (eng. Cold)	( )	( )
5. Check eng. Protection/alarm system	( )	( )
6. Does choke operate properly?	( )	( )
7. Check pedal travel (vacuum brakes)	( )	( )
8. Parking park & emergency braking system	( )	( )
9. Does throttle operate properly?	( )	( )
10. Check heater, defroster & fan	( )	( )
11. Check wiper & washer operation	( )	( )
ROAD TEST		
12. Test clutch operation	( )	( )
13. Test gear shift operation	( )	( )
14. Check steering control	( )	( )
15. Check all gauges (engine "hot")	( )	( )
16. Check eng. Run Smooth? Noises? Etc.	( )	( )
17. Perform ICC brake test for air/vacuum loss	( )	( )
18. All lights	( )	( )
19. Test turn signals	( )	( )
20. Test emergency 4-way flasher	( )	( )
21. Test stop arm	( )	( )
22. Test flashing lights	( )	( )
23. Check all safety (1st aid kit) etc.	( )	( )
24. Inspect ALL window glass condition	( )	( )
25. Check window mechanisms & opera.	( )	( )
26. Check ALL seats in place & secure	( )	( )
27. Inspect for upholstery damage	( )	( )
28. Check interior for loose/damage body panels, rails, floors, etc.	( )	( )
29. Check emerg. Exits operation warning device	( )	( )

_____
_____

UNDERSIDE INSPECTION (BUS LIFTED)		
1. Check steering thorough for leaks	( )	( )
A. Test torque 1 steering box, bolt etc.	( )	( )
B. Check fix coupling bolts	( )	( )
2. Check steering linkage for looseness	( )	( )
A. Tie rods & idler arm	( )	( )
B. Power assist linkage & cylinder	( )	( )
3. Check steering stop adjustment	( )	( )
4. Test torque 1 (of 4) FRONT SPRING U-bolt and and record (ft/lbs)	( )	( )
5. Check ALL spring leaks for breaks	( )	( )

_____
_____

AROUND BUS INSPECTION (KEY OFF)		
1. Inspect mirror condition and mntg.	( )	( )
2. Inspect body condition, paint & lettering	( )	( )
3. Check emergency exit (from outside)	( )	( )
4. Check entry door operation & seals	( )	( )
5. Check ALL spring leaks for breaks & shock abs. For leakage & mounting	( )	( )
6. Check ALL spring front/rear mount	( )	( )
7. Check Stemco seal level for leak	( )	( )
8. Test torque 1 (of 4) REAR spring U-bolt and record (ft/lbs)	( )	( )

_____

	(✓) OK	(X) Needs Attn:
UNDER HOOD INSPECTION ENGINE OFF		
FLUID LEVEL-ADD AS REQUIRED		
1. Check ALL fluid levels	( )	( )
2. Inspect clutch master cylinder	( )	( )
3. Inspect brake master cylinder	( )	( )
4. Check power steering hoses mntg	( )	( )
5. Check battery, securement, term.	( )	( )
6. Cleanliness of eng. Compartment	( )	( )
7. Check all belts, adj/condition, alignment	( )	( )

_____
_____

REMOVE AIR CLEANER HOUSING		
1. Check carb/choke controls, linkage fuel, vacuum, leakage connections	( )	( )
2. Check crankcase vent. Sys. PCV vale	( )	( )
3. Check temp. & oil senc. Units & wire	( )	( )
4. Inspect ignition wire condition	( )	( )
5. Inspect. Dist. Cap/check oil connect	( )	( )
6. Check alt. Mounting, terminals, etc.	( )	( )
7. Check air compressor mntg. Lines	( )	( )
8. Check up radiator & Heater hoses etc.	( )	( )
9. Check water pump bypass hose	( )	( )
10. Check water pump shaft-end/side ply	( )	( )
11. Check emission pump shaft-end/side ply	( )	( )
12. Check exhaust system. Visible from top	( )	( )

_____
_____

	(✓) OK	(X) Needs Attn:
UNDER ENGINE INSPECTION		
1. Check lower radiator hose/clamps	( )	( )
2. Check auto/trans. Cooler lines at radiator & trans. for leaks	( )	( )
3. Check freeze plugs	( )	( )
4. Check exhaust manifold	( )	( )
A. Leakage and cracks	( )	( )
B. Looseness, other	( )	( )
5. Check exhaust heat riser oper.	( )	( )
6. Check valve cover gaskets leaks	( )	( )
7. Check for other engine leakage Specify	( )	( )
8. Check fuel pump/connections leaks	( )	( )
9. Check start motor mounting bolts & electric connection	( )	( )
10. Check clutch play, adj. Linkage	( )	( )
11. Check auto/manual trans.-leakage	( )	( )
12. Check condition of trans.-mounted pkg. Brake lining thickness, linkage	( )	( )
13. Check U-joints for looseness; specify	( )	( )
14. Check slip yoke for looseness	( )	( )
15. Check drive shaft condition	( )	( )
16. Check all yokes for proper align	( )	( )
17. Check drive shaft ctr. Brks/leak	( )	( )
18. Check differential fluid level	( )	( )
19. Check open vent	( )	( )
20. Check manual transmission fluid	( )	( )
21. Check exhaust pipes & hangers	( )	( )
22. Check mufflers and clamps	( )	( )
23. Check tail pipes and hangers	( )	( )
24. Check fuel lines-FROM PUMP TO TANK leakage, routing, hose cracking	( )	( )
25. Check fuel tanks for leaks, mtng	( )	( )
26. Check condition of wiring along frame rails-properly fastened?	( )	( )

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_____

AIR BRAKE INSPECTION		
1. Check FRONT brake chmbrs. relay valves, lines mounting & leakage	( )	( )
2. Check condition slack adj. & linkage	( )	( )
3. Check ALL lines of chassis leakage and routing	( )	( )
4. Check ALL aid tanks-mtng & leakage	( )	( )
5. Check REAR brake chmbrs. relay valves, lines mounting & leakage	( )	( )
6. Check rear wheel seals-leakage	( )	( )
7. Check rear stack adj. & linkage	( )	( )
8. Check 121 sys. (if app.) tanks, wiring, check valves	( )	( )
9. Drain air tank	( )	( )
10. PERFORM complete brake adjustment	( )	( )
11. Check service brake app drop PSI	( )	( )

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_____

	(✓) OK	(X) Needs Attn:
HYDRAULIC BRAKE INSPECTION		
1. Check vacuum booster, connections, fittings, mountings	( )	( )
2. Check ALL hydraulic lines for routing, leakage cracking	( )	( )
3. Check ALL backing plates, wheel cylinders for leakage	( )	( )
4. PERFORM COMPLETE BRAKE ADJUSTMENT	( )	( )

_____

_____

BODY TO CHASSIS MOUNTING INSPECTION		
1. Inspect all body hold down bolts	( )	( )
2. Lubricate all fittings	( )	( )

_____

_____

TIRE INSPECTION REAR		
1. Check condition cuts, sidewalls etc.	( )	( )
2. Measure & record tread depth		
L_____/32 R_____/32	( )	( )
TIRE INSPECTION REAR		
1. Check condition cuts, sidewall, etc.	( )	( )
2. Measure & record depth		
L/O____/32; L/I____/32	( )	( )
R/O____/32; L/I____/32	( )	( )
AIR PRESSURE		
1. Inflate all tires to specifications	( )	( )
2. Check axle flange & lug nuts	( )	( )
LOWER BUS		
1. load test battery	( )	( )
2. Perform starter draw volt test: Drop Test Volts	( )	( )

_____

_____

START ENGINE		
1. Perform charge system output record: Amps _____Volts _____	( )	( )
2. Check auto transmission fluid level-add	( )	( )
3. Recheck choke & throttle linkage operation, PCV valve, all vacuums	( )	( )
4. Reinstall air cleaner & remove test equipment, close hood, ROAD TEST	( )	( )

DEFECTS NOTED IN ROAD TEST:_____

_____

_____

_____

"B" SERVICE
LUBRICATION

(Gas Engines Only--Every 3,000 Miles)

Date _____**Bus #** _____**Facility** _____

Mileage _____**Date of Last Service** _____**RO #** _____

To be used with the "A" Inspection. Check (✓) each item when finished:

Lube _____

Change engine oil _____

Change engine oil filter _____

Check radiator cap test _____

"B" SERVICE
LUBRICATION
(Diesel Engines Only--Every 6,000 Miles)

Date _____**Bus #** _____**Facility** _____

Mileage _____**Date of Last Service** _____**RO #** _____

Service Completed By: _____

To be used with the "A" Inspection. Check (✓) each item when finished.

Lube _____

Change engine oil _____

Change engine oil filter (s) _____

Check water filter (if applicable) ____

Check radiator cap test _____

KANSAS SCHOOL TRANSPORTATION REGULATION

KAR 91-38-7(a) through (d) PAGE 16, KANSAS REGULATION MANUAL.

DRIVER INSTRUCTIONS

1. **Please write legibly.**
2. **Initial The Daily Column, Indicating The Bus Has Been Properly Inspected.**
3. **Driver Shall Check Each Item And Complete The Inspection Report Each Time A Bus Is Used.**
4. **If The Bus Is Stopped By A Law Enforcement Office, The Officer May Request To See The Daily Bus Inspection Log.**

INSPECTION

INITIAL	INTERIOR	INITIAL	EXTERIOR	INITIAL	UNDER HOOD
	Emergency Equipment		Stop Arm		Water Level
	Start Engine		Mirrors		Oil Level.
	Check Seat Belt		All Lights		Belts and Hoses
	Lift (If Equipped)		All Glass		Fluid Leaks
	All Panel Switches		Fuel Tank & Cap		
	Wiper & Washers		All Tires And Wheels		
	Service Door		Exhaust System		
	Headlights (High/Low)		Rear Emergency Exit		
	Clearance Lights				
	Turns Signals				
	Hazard Lights				
	8 Light System				
	Interior Lights				
	Interior Mirror				
	Interior & Seats				
	Body Fluid Kit				
	Gauges				
	Horn				
	Service Brakes				
	Parking Brakes				

DRIVER'S DAILY PRETRIP INSPECTION

WEEK OF _____, 20_____

Driver's Name _____Bus #_____

Instructions: **Fill in Date by Day of Week Make an Inspection of the Following Items (1-35) Daily Before Starting Your Runs, Initial Column 3 After You Have Completed Your Daily Inspection. If Repairs are Needed, the Driver shall Fill In Column 4 With the Appropriate Item Number(s). Let the Mechanic Fill In Columns 5-7 As the Repairs are Completed.**

1	2	3	4	5	6	7
Day	Date	Inspection Completed Initials	Repairs Needed Item Number(s)	Repairs Completed Item Number(s)	Mechanic's Initials	Repairs Not Completed Item Number's
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						

NOTE_____

_____

_____

_____

ITEMS 1-35 FOR DAILY BUS PRETRIP INSPECTION

OUTSIDE INSPECTION: start the engine and with the engine running then start from the right service door and proceed counter clock-wise around the school bus checking essentially in the following Order.	INSIDE INSPECTION: While inside the bus, check the following Items.
1. School Bus Identification Painting & Lettering	19. Windows--Windshield/Side
2. Crosswalk Mirrors	20. State Safety Inspection
3. Headlights Hi/Lo Beams	21. Windshield Wipers
4. Turn Signals -R/L & Front/Rear	22. Horn
5. Flasher Warning Lights - Front/Rear	23. Heater & Defroster Device
6. Clearance Lamps - Front/Rear	24. Interior Lights
7. Hazard Warning Lights	25. Rear-Vision Mirrors
8. Front Tires - R/L	26. Parking Brake
9. Steering, Front Brakes, Tubing, Hoses, Suspension & Wheels	27. Emergency Door Buzzer
10. Fuel Tank	28. Condition of Seats
11. Left Side of Bus - Reflectors & Side Marker Lamps	29. Cleanliness
12. Rear Tires - R/L	30. Brake Warning Device
13. Rear Brakes, Tubing, Hoses, Suspension & Wheels	31. First Aid Kit
14. Stop Lamps - R/L (Rear of Bus)	32. Flags & Red Emergency Reflector
15. Tail Lamps - R/L (Rear of Bus)	33. Fire Extinguisher - Pressure/Type
16. Reflectors (Rear of Bus)	34. Driver's Seat Belt
17. Right Side of Bus - Reflectors	35. Engine operation
18. Exhaust System	

DAILY SCHOOL BUS INSPECTION

BUS #_____ YEAR 20_____

	JAN AM PM	KDG AM PM	ACT TRIP	FLD TRIP	***FEB*** AM PM	KDG. AM PM	ACT TRIP	FLD TRIP	***MAR*** AM PM	KDG. AM PM	ACT TRIP	FLD TRIP	***APR*** AM PM	KDG. AM PM	ACT TRIP	FLD TRIP	***MAY*** AM PM	KDG. AM PM	ACT TRIP	FLD TRIP
1																				
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3																				
4																				
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DAILY INSPECTION

BUS #_____YEAR 20_____

	JUNE AM PM	KDG. AM PM	ACT TRIP	FLD TRIP	J***ULY*** AM PM	KDG. AM PM	ACT TRIP	FLD TRIP	***AUG.*** AM PM	KDG. AM PM	ACT TRIP	FLD TRIP	***SEPT.*** AM PM	KDG. AM PM	ACT TRIP	FLD TRIP	***OCT.*** AM PM	KDG AM PM	ACT TRIP	FLD TRIP
1																				
2																				
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DAILY SCHOOL BUS INSPECTION

BUS # _____YEAR 20 _____

	NOV. **AM PM**	**KDG. AM PM**	**ACT TRIP**	**FLD TRIP**	***DEC.*** **AM PM**	**KDG. AM PM**	**ACT TRIP**	**FLD TRIP**
1								
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DAILY TRAINING RECORD FOR DRIVER TRAINEES

CLASS # _____ PLEASE TURN FORM INTO THE TRAINING COORDINATOR DAILY DATE _____

NAME OF TRAINEE SIGN HERE	LESSON	CLOSED COUSE TIME	CADET DRIVING TIME	INSTR SIGN	HOURS TRAINER TIME	MILES DRIVEN

LESSON CODE:

A-FIRST AID
B- BEHIND THE WHEEL TRAINING
C- BEHIND THE WHEEL TEST SCORE
D- D.D.C. CLASS
E- VEHICLE INSPECTION
F- CLOSE COURSE TRAINING
G- CADET RIDING
H- CADET DRIVING
I- ON ROAD DRIVING
J- OTHER

{PLEASE MAKE COMMENTS ON BACK}

DAILY TRAINEE PROGRAM

DATE _____ PLACE STUDENT NAME AND CLASS NUMBER IN SQUARES

DAY		CLOSE COURSE			C
	ORIENTATION	CADET	TESTING	DRIVING	TEST
Monday					
Monday					
Monday					
Monday					
Tuesday					
Tuesday					
Tuesday					
Tuesday					
Wednesday					
Wednesday					
Wednesday					
Wednesday					
Thursday					
Thursday					
Thursday					
Thursday					
Friday					
Friday					
Friday					
Friday					

DRIVER TRAINING TIME AND MILEAGE REPORT

NAME _____ TERMINAL # _____ CLASS # _____ DATE _____

REASON FOR REPORT: {CHECK ONE} [ ] NEW DRIVING CLASS [ ] RE-CERTIFICATION [ ] IN SERVICE [ ] RETRAINING

TE	CODE	BEGINNING TIME	ENDING TIME	TOTAL TIME	BEGINNING MILEAGE	ENDING MILEAGE	TOTAL MILES	VEHICLE NUMBER	DRIVER TRAINEE SIGN HERE

CODE: **"O"- OBSTACLE COURSE "S" ON STREET DRIVING**

THIS TRAINING FORM IS TO BE TURNED INTO THE TRAINING COORDINATOR UPON COMPLETION OF TRAINING EACH DAY