

HRCSD BUS PRE-TRIP INSPECTION CHECKLIST

*THIS REPORT IS DUE AND MUST BE TURNED IN BY MONDAY AFTERNOON

Driver Name _____ Week Ending Date _____ Bus # _____							
Please sign, acknowledging to ODE, completion of daily pre-trip inspections:							
AM INSPECTION	M	T	W	T	F	S	S
Preliminary: Check for leaks (oil, coolant and etc.) & vandalism.							
Engine Compartment: Check coolant, engine oil, power steering fluid, belts & hoses, overall general appearance and signs of leaks, water pump, air compressor, alternator & power steering pump.							
Check Front Wheels and Suspension: Front wheels: Rim, tire (thump), lug nuts (turn by hand) and hub oil seal. Suspension: Springs, mounts & shocks (visually check).							
Check Emergency Equipment: Fire extinguisher, first aid kit, body fluid kit, and reflectors.							
Start Bus: Check oil pressure (stay with bus). Check all gauges: Amp, volt, oil pressure, fuel – no less than ½ tank.							
Check Driver Compartment: Steering wheel & play, horn, indicator lights, mirrors (clean and adjusted), windshield, wipers & washer fluid, heaters, defrosters, dome lights, 2-way radio.							
Check Interior: Amber student safety lights, seats (cushions, backs, belts), floor. Check emergency exits: door & windows (buzzer sounds and door opens). Check rear amber lights and left turn signal. Check passenger entry area: hand rail, step well light, floor and door.							
Exterior Walk Around: Check all lights: Headlights (high and low), tail, clearance, hazard, right turn signal, red student safety lights, stop arm & wind guard, reflectors. Check brake lights, backup lights, alarm. (May check at mirror or get help) Thump tires. Check door, mirrors & mounts, fuel cap and tank (visually check). Rear Wheels: Rims, tires, axle seals, lug nuts (turn by hand), mud flaps. Rear Suspension: Springs, spring mount, shocks (visually check). Other Items: Lettering, numbers, paint, bumpers, tow hooks, exhaust system, drive line, frame, emergency doors from outside, storage compartments.							
Air Brake Checks: TURN ON KEY (newer buses) 1. Window & door open, engine off, 80 psi min. and parking brake released: Max 2 psi leakage in one minute. 2. Apply service brake. Max 3 psi leakage in one minute.							
TURN ON KEY (older buses) 3. Pump down air with service brake pedal. Light and buzzer turn on at 60 psi. (Record psi). 4. Pump down air with service brake until parking brake sets up. (Record psi). 5. Start engine. As air pressure builds, the light and buzzer turn off at 60 psi. 6. Check that air pressure builds up from 85 to 100 psi in 45 seconds or less. 7. Pull out of stall. Shift to forward gear. Set parking brake. Pull lightly against parking brake. 8. Release parking brake. Apply service brake. Pull lightly against service brake. 9. Pull forward slowly and let loose of the steering wheel. Firmly apply service brake and check that there is no mushiness in the pedal and that the bus does not pull left or right. Do this twice.							

HRCSD BUS PRE-TRIP INSPECTION CHECKLIST

*THIS REPORT IS DUE AND MUST BE TURNED IN BY MONDAY AFTERNOON

PM INSPECTION							M	T	W	T	F	S	S
Preliminary: Check for leaks (oil, coolant, etc.) & vandalism.													
Check Driver Compartment: Steering wheel, horn, indicator lights, mirrors (clean and adjusted), windshield, wipers & washer fluid, heaters, defrosters, dome lights, 2-way radio.													
Check Interior: Amber student safety lights, seats (cushions, backs, belts), floor. Check emergency exits: door & windows (buzzer sounds and door opens). Check rear amber lights and left turn signal. Check passenger entry area: hand rail, step well light, floor and door.													
Exterior Walk Around: Check all lights: Headlights (high and low), tail, clearance, hazard, right turn signal, red student safety lights, stop arm & wind guard, mirrors & mounts, and reflectors. Check brake lights, backup lights and alarm (May check at mirror or get help). Thump front and rear tires (check between duals).													
Air and Hydraulic Brake Checks: 1. Pull out of stall. Shift to forward gear. Set parking brake. Pull lightly against parking brake. 2. Release parking brake. Apply service brake. Pull lightly against service brake. 3. Pull forward slowly and let loose of the steering wheel. Firmly apply service brake and check that there is no mushiness in the pedal and the bus does not pull left or right. Do this twice.													

POST TRIP:

- Walk through bus checking for students, lost items and damage.
- Place Keys in back of bus.
- Place empty sign in window of bus after you have completed your walk through.
- Bleed air tanks daily after last route and check transmission fluid and complete a walk around the exterior to check for damage.
- Turn off 2 way radio.
- Close all windows.
- If you find a student or new damage during your post trip check, inform the Transportation office immediately.

A.M. Transmission Fluid Checking Procedure

With engine off:

- Check the fluid level using the dipstick
- Fluid level should be in the "HOT" range on the stick.
- If the fluid level is below the "HOT" range contact Ish or Don to perform an engine running check.

Hood River County School District Driver Timesheet

Name:

Emp. #:

Transportation

Month & Year:

DATE	A.M. FROM	A.M. TO	P.M. FROM	P.M. TO	Route Hours	Add'l Hours	Bus Wash	O/T HRS	Standby HRS	Leave HRS	Leave Code	Comments
1												
2												
3												
4												
5												
6												
7												
8												
9												
10												
11												
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27												
28												
29												
30												
31												
TOTALS												

EMPLOYEE SIGNATURE _____

**OVERTIME PAID OVER 40 HOURS

SUPERVISOR SIGNATURE _____

IN A WEEK ONLY**

DISTRICT OFFICE USE ONLY

Budget Number					Hours		
100	2552	012	000	012			
100	2552	012	000	012			
100	2552	012	000	012			
100	2552	012	000	012			

APPENDIX C

HOOD RIVER COUNTY SCHOOL DISTRICT #1

STUDENT INCIDENT REPORT FORM

A reportable student incident is an incident occurring while the student is under school jurisdiction resulting in bodily injury that does or does not require first aid treatment or professional medical attention.

SCHOOL NAME: _____ DATE REPORTED: _____

Student's Name: _____ Grade _____ Age _____ Sex _____

Address _____

Parent's Name _____ Home Phone _____ Bus. Phone _____

Date of incident _____ Time _____ Day of Week _____

Where did incident happen? _____ Who was supervising? _____

How did incident happen? (Describe fully, stating whether student fell, was pushed, ect.)

Description of injury, extent, & part of body involved _____

Procedure followed and First Aid rendered _____

Who administered First Aid? (Name & Title) _____

Were others involved? Yes _____ No _____ (if yes, name) _____

What action is being taken to prevent reoccurrence? (If applicable)

Name of witnesses _____

Were parents or others notified? Yes _____ No _____ If yes, name of person notified _____

Was school Insurance Form requested? Yes _____ No _____ If yes, date sent _____

Signature of person completing report

Title

Signature of Principal

Date

APPENDIX D



Hood River County School District

Transportation Department

3066 Odell Hwy / Hood River, OR 97031

541-354-1388

541-354-5119 (fax)

To: All Bus Drivers
Subject: Emergency Evacuation Drill

Please do the emergency evacuation drill on the date below. All schools have been notified that the buses may be running late.

EVACUATION DRILL DATE:

This is to certify that on the date indicated above I conducted an emergency evacuation drill. Rear (side) emergency exits were fully explained, but the actual evacuation took place through the front service door.

Recommendations for future skills:

Signed _____ Bus # _____ Rt# _____

Printed Name: _____

HOOD RIVER COUNTY SCHOOL DISTRICT
TRANSPORTATION DEPARTMENT

OREGON VEHICLE CODE 811.155

Failure to stop for Bus Safety Lights, Class A traffic infraction.

DATE: _____ **TIME:** _____ **AM / PM**

DRIVER'S NAME: _____

ADDRESS: _____ **PHONE #:** _____

LOCATION OF INCIDENT: _____

WERE BUS LIGHTS WORKING? **YES** **NO**

BUS WAS TRAVELING: **N.** **S.** **E.** **W.**

OTHER VEHICLE WAS TRAVELING: **N.** **S.** **E.** **W.**

DESCRIPTION OF OTHER VEHICLE: _____
(Make/Model/Color/Markings on vehicle, etc...)

LICENSE # OF OTHER VEHICLE: _____ **STATE:** _____

DESCRIPTION of DRIVER: _____
(male/female, white/Hispanic, hair color, long/short hair, glasses, , etc...)

Any students that can identify driver of other vehicle: _____

*****Drivers SIGNATURE:** _____ **DATE:** _____

FAX to: HR Co. Sherri's Dept 541-387-5585

Office to fill out information below:

REPORTED TO: **H.R.Co. Sheriff's Dept:** _____ **H.R. City Police Dept:** _____ **Faxed / Called**

Date: _____ **Time:** _____ **AM / PM** **COMMENTS:** _____

Follow-up: **CITED / UTL** _____

Leaves requested are granted according to Collective Bargaining Agreements, Articles 12-20 and/or State/Federal Laws.

TODAY'S DATE: _____

NAME: _____

DATE(S) OF ABSENCE(S): _____

REASON FOR ABSENCE:

☐ FULL DAY ~OR~

☐ HALF-DAY: AM _____ MD _____ PM _____
EXCEL _____ Night Activity _____

☐ Sick Leave (Personal Medical/Dental)

☐ Sick Leave (Family—5 days from SL)

☐ Vacation (11/12 Month employees)

☐ Bereavement Leave *

☐ Emergency Leave *

☐ FMLA */OLFA*

☐ Unpaid Leave (more than 5 days will require additional approval.)

☐ Jury Duty

☐ Other (specify)

*Requires approval from Superintendent or Personnel Office Administrator

EMPLOYEE SIGNATURE _____ DATE: _____

☐ Approved by: _____
Signature of Building Supervisor

☐ Denied by: _____
Signature of Building Supervisor

APPENDIX H

HOOD RIVER COUNTY SCHOOL DISTRICT ACTIVITY BUS REQUEST

(COMPLETE ONE FORM FOR EACH BUS REQUESTED)

**THIS FORM IS TO BE COMPLETED AND TURNED IN TWO (2) WEEKS PRIOR TO
THE DATE OF THE ACTIVITY.**

Fill out the form, obtain principal's signature and send a copy to the transportation department .

Date of Request: _____ School: _____

of students: _____ # of Adults: _____

Destination: _____

Type of Activity: _____

Departure Date: _____ Time to leave school: _____ am / pm

Return Date: _____ Time arriving back to school: _____ am / pm

Departure Place: _____

Requested by: _____

Principal Signature: _____ Date: _____

.....
For transportation use only

Driver _____ Driving Time _____ HR _____ MIN

Standby Time _____ HR _____ MIN

Total Time _____ HR _____ MIN

Actual Number of Students: _____ Actual Number of Adults: _____

Bus Mileage – End _____

Start _____

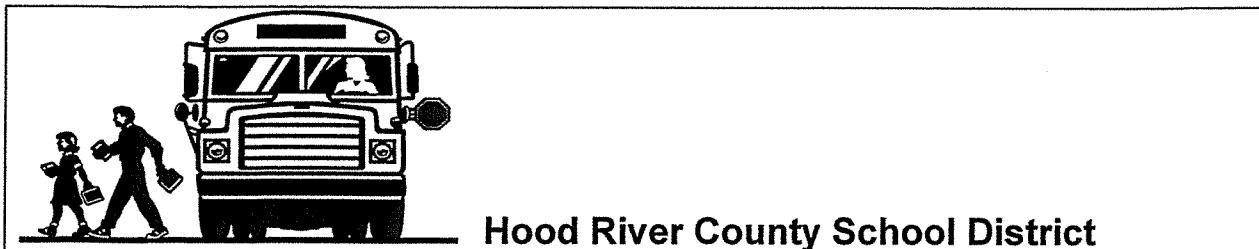
Total Miles _____

Time Bus Arrived at Departure Place: _____

Time Run Completed: _____

Trip to be charged to: _____

APPENDIX I



Transportation Department

3066 Odell Hwy. / Hood River, OR 97031

541-354-1388

FAX 541-354-5119

2016-2017

Request for K/1 supervised drop off at bus
stop

Dear Parent/Guardian,

Please fill out the attached Bus Permission form if you request a supervised drop off (please note that parent must provide the supervision or make arrangements). Otherwise, your child will be dropped off with no supervision.

Thank you.

Estimado Padre /Tutor,

Por favor complete la forma de permiso del autobús adjunto si le gustaría que su niño sea supervisado (favor de notar que los padres tienen que provenir la supervisión) en bajar del autobús al fin del día. Si no la firme, su hijo va a ser dejado sin supervisión.

Gracias.

APPENDIX J

Transportation Department Handbook

Signature Page

My signature indicates that I have received and will review the Transportation Department Handbook. Should I have any questions about the content of the Department Handbook, I will notify my supervisor.

The Department Handbook will be posted to the HRCSD website for reference. You may not receive a new hard copy when updates are made. You will be informed of the update by email and information posted in the breakroom. You can view and print the updates online.

The Hood River County School District does not tolerate violation of district and department policy and procedure. If you have experienced any violation against you or witnessed any violation with regard to another staff member, you must report the incident to your immediate supervisor. If your supervisor is the source of the problem, condones the problem, or ignores the problem, report to the Director of Human Resources.

Employee Name (please print)

Date

Employee Signature