

BUS RIDE REPORT

DATE: ____/____/____

LOCATION: _____

VEHICLE #: _____

DRIVER OBSERVED: _____

MONITOR OBSERVED: _____

1ST AID KIT: YES ____ NO ____

SEAT BELT CUTTER: YES ____ NO ____

FIRE EXTINGUISHER: YES ____ NO ____

BODILY FLUIDS KIT: YES ____ NO ____

RADIO: YES ____ NO ____

INSURANCE FORM: YES ____ NO ____

DRIVER AUTHORIZATION: YES ____ NO ____

SAFETY INSPECTION: YES ____ NO ____

RESTRAINT SYSTEM: YES ____ NO ____

BAGGAGE STORAGE: YES ____ NO ____

AISLE CLEAR: YES ____ NO ____

TRANSPORTATION COORDINATOR

NAME: _____ **SIGNATURE** _____

DATE: ____/____/____