

WOODVILLE ISD TRANSPORTATION TRIP REQUEST FORM

This Form Must Be Submitted For Approval at Least <i>Ten Days</i> Prior to Trip. <i>Fill out in ink only-no pencil.</i>			Driver's Name:		Key Number:			
			<i>Pre/Post Trip Inspection</i>			Pre	Post	
Destination:			1	LEAKS: Walk toward Bus, check underneath for oil, water, fuel, antifreeze or any other leaks.				
Date of Trip:	Return Date:		2	EMERGENCY EQUIPMENT: Enter the Vehicle and check the fire extinguisher, reflectors, and first aid and body fluid kits.				
Group/Sport:			3	CHECK GUAGES: Parking brake should be set; Make sure Bus is in neutral, start the Bus and check gauges: temp., oil, volts, fuel, air pressure, and inspection sticker and insurance verification.				
Requested Departure Time:	Approximate Return Time:		4	LIGHTS: Turn on all lights, check high beam indicator, hazards and left and right turn signal indicators.				
Requested by:		Date Submitted:	5	CHECK SIDE PANEL SWITCHES: Windshield wipers, fan, heaters, air conditioner (if equipped), defrost, interior lights, strobe light, and student loading lights and activate ambers.				
Teacher in Charge:			6	CLEANLINESS: Swept, trash can empty, dash and sun visor clean.				
Number of Participants:	Students:	Adults:	7	WALK THROUGH: Check for torn, cut or loose seats; Emergency door and windows open freely and buzzers sound. Check amber lights at rear.				
Vehicles Needed:	Buses:	Other:	8	OUTSIDE: Check tires, lug nuts, hub seal leaks, headlights, reflectors, mirror brackets, left and right turn signals, brake lights, red loading lights, clearance lights, body condition, and tail pipe.				
Comments:			9	GLASS: Check for clear vision, damage and/or cracks through windshield, windows and all mirrors (adjust for optimal view).				
Approval by Principal or Director:			10	SEAT: Properly adjust driver seat; Put on seat belt.				
Transportation Director:			11	HORN: Sound your horn.				
Central Office:			12	BRAKES: Upon leaving, check brake pedal pressure with safety brake on.				
TO BE COMPLETED BY DRIVER			<u>Fill out a work order for any problems listed above.</u>					
Driver's Name (Printed)			<p><u>Comments:</u></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p style="text-align: center;">Teachers/Coaches: Please Ask your students to clean up any trash that they may have dropped on the floor or seat before they depart the school vehicle.</p> <p style="text-align: center;">PLEASE RETURN A CLEAN VEHICLE</p> <p style="text-align: center;">ALSO: PLEASE REMEMBER TO RETURN THE KEY</p> <p style="text-align: center;">Driver's Signature: _____</p> <p style="text-align: center;"><i>This report must be returned to the Transportation Center after the trip has been made.</i></p>					
Vehicle Assigned:								
Departure Time:		Return Time:						
Mileage:	Ending:							
	Beginning:							
	Total Miles :							
Driver's Signature: (sign in ink only)		Date:						
Office Use Only								
Expenditure Account to be Charged: _____								
Hours _____ \$ Per Hour _____ Total _____								
Hours _____ \$ Per Hour _____ Total _____ Total Amount: _____								
The information required on this form is necessary to comply with district policy and state transportation laws. No school bus may be used for any pupil activity trip unless the proper authorization is granted on this form.								