

Driver's Name: _____ Date: _____

Driver's License: _____ Expiry Date: _____

Date of Birth: _____ Regional Evaluator: _____

Part A - Inspection

1. Under the Hood

2. Entering the Bus

4. Interior and Lights

Value		Item	Value		Item	Value		Item
5	<input type="checkbox"/>	CVIP Stickers	5	<input type="checkbox"/>	Handrail	10 each	<input type="checkbox"/>	Left Signal
5	<input type="checkbox"/>	Front Windows	10	<input type="checkbox"/>	Fire Extinguisher	F	<input type="checkbox"/>	Ambers
10	<input type="checkbox"/>	Mirrors	10	<input type="checkbox"/>	First Aid Kit	5	<input type="checkbox"/>	Seat Backs
10	<input type="checkbox"/>	Windshield	10	<input type="checkbox"/>	Emergency Markers	5	<input type="checkbox"/>	Housekeeping
5	<input type="checkbox"/>	Batteries	10	<input type="checkbox"/>	Papers	F	<input type="checkbox"/>	Emergency Door
5	<input type="checkbox"/>	Tire/Rims	5	<input type="checkbox"/>	Maintenance Stickers	F	<input type="checkbox"/>	Brake Lights
5	<input type="checkbox"/>	Brake Lines	5	<input type="checkbox"/>	Driver's Area	5	<input type="checkbox"/>	Seat Bottoms
5	<input type="checkbox"/>	Spring/Shackles/U-Bolts	5	<input type="checkbox"/>	Driver's Window	5	<input type="checkbox"/>	Roof Hatch
5	<input type="checkbox"/>	Steering Components	5	<input type="checkbox"/>	Main Door	F	<input type="checkbox"/>	Emergency Windows
5	<input type="checkbox"/>	Leaks on the Ground				10 each	<input type="checkbox"/>	Right Signal
5	<input type="checkbox"/>	Hoses and Wires			Deductions	F	<input type="checkbox"/>	Reds
5	<input type="checkbox"/>	Fan Belt and Blade				5	<input type="checkbox"/>	Roof/Racks
10	<input type="checkbox"/>	Oil			3. Engine Start-Up	5	<input type="checkbox"/>	Tail Lights
5	<input type="checkbox"/>	Power Steering Fluid	5	<input type="checkbox"/>	Brake Assist Motor	5	<input type="checkbox"/>	High Beam
5	<input type="checkbox"/>	Brake Fluid	5	<input type="checkbox"/>	Warning Lights	5	<input type="checkbox"/>	Low Beam
5	<input type="checkbox"/>	Automatic Transmission	5	<input type="checkbox"/>	Operating Switches	5 each	<input type="checkbox"/>	Hazard Lights
5	<input type="checkbox"/>	Coolant Level	5	<input type="checkbox"/>	Defrost/Heaters	5 each	<input type="checkbox"/>	Strobe
5	<input type="checkbox"/>	Air Cleaner	5	<input type="checkbox"/>	Fans/Dome Lights	5	<input type="checkbox"/>	Stepwell
5	<input type="checkbox"/>	Washer Fluid	F	<input type="checkbox"/>	Wipers and Washer Fluid	5 each	<input type="checkbox"/>	Clearance
			20	<input type="checkbox"/>	Horn	5 each	<input type="checkbox"/>	Clearance
		Deductions			Deductions			Deductions

5. Exterior

Value		Item	Value		Item	Value		Item
5 each	<input type="checkbox"/>	Tires	5 each	<input type="checkbox"/>	Rims	5 each	<input type="checkbox"/>	Lug Nuts
5 each	<input type="checkbox"/>	Mud Flaps	5 each	<input type="checkbox"/>	Filler Cap	5	<input type="checkbox"/>	Cross Arm
F	<input type="checkbox"/>	Stop Sign	5 each	<input type="checkbox"/>	Reflectors	10	<input type="checkbox"/>	License Plate/Light
F	<input type="checkbox"/>	Emergency Door	5	<input type="checkbox"/>	Hangers/Driveshaft	F	<input type="checkbox"/>	Exhaust Pipe
F	<input type="checkbox"/>	Tail Pipe	5	<input type="checkbox"/>	Springs/Differential	5	<input type="checkbox"/>	Offside Dual
5	<input type="checkbox"/>	Fuel Tank/Frame	5	<input type="checkbox"/>	Fuel Cap	10	<input type="checkbox"/>	Air – push rod travel
								Deductions

6. Air Bus Inspections

Value		Item	Value		Item	Value		Item
5	<input type="checkbox"/>	Air Hoses	5	<input type="checkbox"/>	Air Leaks	10	<input type="checkbox"/> <input type="checkbox"/>	Both Air Gauges
F	<input type="checkbox"/>	Low Pressure Warning	F	<input type="checkbox"/>	Emergency System Operation	F	<input type="checkbox"/>	Build-Up Time
F	<input type="checkbox"/>	Compressor Operation	20	<input type="checkbox"/>	Hand Brake	20	<input type="checkbox"/>	Foot Brake
10	<input type="checkbox"/>	Listening for Hissing	20	<input type="checkbox"/>	Steering Wheel			
								Deductions

Final Checks

Value		Item	Value		Item	Value		Item
5	<input type="checkbox"/>	Oil Gauge	10	<input type="checkbox"/>	Voltage Gauge	5	<input type="checkbox"/>	Water Gauge
5	<input type="checkbox"/>	Fuel Gauge	5 each	<input type="checkbox"/> <input type="checkbox"/>	Signal Indicators	5	<input type="checkbox"/>	High Beam Indicator
5	<input type="checkbox"/>	Adjust Seat	5	<input type="checkbox"/>	Adjust Mirrors	F	<input type="checkbox"/>	Seat Belt
F	<input type="checkbox"/>	Inspection Log	F	<input type="checkbox"/>	Completes Hours of Service Log			
								Deductions

Comments _____

Total deductions _____

Driver may have no more than 40 deductions and no marked failures (F) to meet the requirements.

The Inspection Part of the Regional Approval Process was discussed with the Driver and the Driver has met the requirements.

Driver's signature: _____ Date: _____

Regional Evaluator's signature: _____ Date: _____

Part B – Driving Skills and Knowledge

Loading and Unloading

1. Right Hand			2. Left Hand Loading			3. Left Hand Unloading		
Value		Item	Value		Item	Value		Item
10	<input type="checkbox"/>	Mirror Check	10	<input type="checkbox"/>	Mirror Check	10	<input type="checkbox"/>	Mirror Check
F	<input type="checkbox"/>	Activate Ambers	F	<input type="checkbox"/>	Activate Ambers	F	<input type="checkbox"/>	Activate Ambers
10	<input type="checkbox"/>	Right Signal	10	<input type="checkbox"/>	Right Signal	10	<input type="checkbox"/>	Right Signal
F	<input type="checkbox"/>	Stop Position	F	<input type="checkbox"/>	Stop Position	F	<input type="checkbox"/>	Stop Position
5	<input type="checkbox"/>	Safety Zone	5	<input type="checkbox"/>	Stop 10 Metres	5	<input type="checkbox"/>	Stop 10 Metres
5	<input type="checkbox"/>	Signal Student	5	<input type="checkbox"/>	Safety Zones	5	<input type="checkbox"/>	Students seated
5	<input type="checkbox"/>	Students Seated	5	<input type="checkbox"/>	Hands Visible	5	<input type="checkbox"/>	Safety Zones
5	<input type="checkbox"/>	Mirror Check	5	<input type="checkbox"/>	Eye Contact	5	<input type="checkbox"/>	Hands Visible
5	<input type="checkbox"/>	Shoulder Check	5	<input type="checkbox"/>	Signal to Cross	5	<input type="checkbox"/>	Eye Contact
10	<input type="checkbox"/>	Signal Left	5	<input type="checkbox"/>	Safety Zone	5	<input type="checkbox"/>	Signal to Cross
5	<input type="checkbox"/>	Proceed when safe	5	<input type="checkbox"/>	Students seated	5	<input type="checkbox"/>	Safety Zone
			5	<input type="checkbox"/>	Mirror Check	5	<input type="checkbox"/>	Mirror Check
			5	<input type="checkbox"/>	Shoulder Check	5	<input type="checkbox"/>	Shoulder Check
			10	<input type="checkbox"/>	Signal Left	10	<input type="checkbox"/>	Signal Left
			5	<input type="checkbox"/>	Proceed when safe	5		Proceed when safe
		Deductions			Deductions			Deductions

4. Turnaround After Loading			5. Turnaround Before Unloading			6. Railway Crossing Uncontrolled		
Value		Item	Value		Item	Value		Item
5	<input type="checkbox"/>	Mirror Check	5	<input type="checkbox"/>	Mirror Check	5	<input type="checkbox"/>	Mirror Check
F	<input type="checkbox"/>	Activate Ambers	F	<input type="checkbox"/>	Activate Ambers	F	<input type="checkbox"/>	Activate Hazards
10	<input type="checkbox"/>	Signal right	10	<input type="checkbox"/>	Signal Right	F	<input type="checkbox"/>	Stop – 3 point
F	<input type="checkbox"/>	Stop – 3 point	5	<input type="checkbox"/>	Pull Ahead	10	<input type="checkbox"/>	Distance 5-15 m
5	<input type="checkbox"/>	Loading	5	<input type="checkbox"/>	Stop	5	<input type="checkbox"/>	Noise Shut Off
5	<input type="checkbox"/>	Pull Ahead	10	<input type="checkbox"/>	Hazard/Horn	5	<input type="checkbox"/>	Students Quiet
10	<input type="checkbox"/>	Hazard/Horn	5	<input type="checkbox"/>	Mirror check	10	<input type="checkbox"/>	Open Window
5	<input type="checkbox"/>	Mirror Check	5	<input type="checkbox"/>	Shoulder Check	10	<input type="checkbox"/>	Open Door
5	<input type="checkbox"/>	Shoulder Check	10	<input type="checkbox"/>	Back Up	10	<input type="checkbox"/>	Look and Listen
10	<input type="checkbox"/>	Back Up	10	<input type="checkbox"/>	Road Position/Stop	10	<input type="checkbox"/>	Close the Door
10	<input type="checkbox"/>	Road Position	5	<input type="checkbox"/>	Unload	F	<input type="checkbox"/>	Appropriate Gear
5	<input type="checkbox"/>	Cancel Hazards	10	<input type="checkbox"/>	Student Clear of Bus	10	<input type="checkbox"/>	Clear Track
5	<input type="checkbox"/>	Signal Left	5	<input type="checkbox"/>	Cancel Hazards	5	<input type="checkbox"/>	Gear Up
5	<input type="checkbox"/>	Proceed when safe	5	<input type="checkbox"/>	Signal Left	5	<input type="checkbox"/>	Cancel Hazards
			5	<input type="checkbox"/>	Proceed when safe			
		Deductions			Deductions			Deductions

Hill Park

Up Hill with Curb

		Item			Item			Item
	<input type="checkbox"/>	Signal Right		<input type="checkbox"/>	Shifting Up and Down		<input type="checkbox"/>	Mirror Checks
	<input type="checkbox"/>	Parallel to Curb		<input type="checkbox"/>	Roll Back		<input type="checkbox"/>	Shoulder Check
	<input type="checkbox"/>	Stop		<input type="checkbox"/>	Speed		<input type="checkbox"/>	Constant Visual
	<input type="checkbox"/>	Turn wheels to left		<input type="checkbox"/>	Lane Change		<input type="checkbox"/>	Verbal Rehearsal
	<input type="checkbox"/>	Roll Back		<input type="checkbox"/>	Lane Position		<input type="checkbox"/>	Zone of Awareness
	<input type="checkbox"/>	Contact with curb		<input type="checkbox"/>	Intersections		<input type="checkbox"/>	Following Distance
	<input type="checkbox"/>	Rear tire no more than 50 cm		<input type="checkbox"/>	Turns		<input type="checkbox"/>	Parked Vehicles
				<input type="checkbox"/>	Awareness		<input type="checkbox"/>	Driving Lane
				<input type="checkbox"/>	Planning		<input type="checkbox"/>	Highway Speed
				<input type="checkbox"/>	Anticipation			
				<input type="checkbox"/>	Observation			
		TOTAL Deductions						

Comments _____

Driver may have no more than 40 deductions and no marked failures (F) to meet the requirements.

The Driving Skills and Knowledge Part of the Regional Approval Process was discussed with the Driver and the Driver has met the requirements.

Driver's signature: _____ Date: _____

Regional Evaluator's signature: _____ Date: _____

Part C Post Trip Tasks

Value		Item	Value		Item
10	<input type="checkbox"/>	Electrical Cooldown	5	<input type="checkbox"/>	Gauge Check
5	<input type="checkbox"/>	Fuel/Wash (as necessary)	F	<input type="checkbox"/>	Check for sleeping students
10	<input type="checkbox"/>	Check for Vandalism	5	<input type="checkbox"/>	Housekeeping (pick up garbage, sweep floor)
10	<input type="checkbox"/>	Walk Around (On damage light lenses, tires)	5	<input type="checkbox"/>	Plug In (as necessary)
5	<input type="checkbox"/>	Shut Off Engine	5	<input type="checkbox"/>	Ensure rear emergency door does not freeze closed in winter
		Air Bus Requirement			
10	<input type="checkbox"/>	Pull tabs/turn valve to eliminate moisture			
			F	<input type="checkbox"/>	Complete Hours of Service Log
					Deductions

Total deductions: _____

Driver may have no more than 20 deductions and no marked failures (F) to meet the requirements.

The Post Trip Tasks Part of the Regional Approval Process was discussed with the Driver and the Driver has met the requirements.

Driver's signature: _____ Date: _____

Regional Evaluator's signature: _____ Date: _____

The above signed bus driver has successfully demonstrated their driving skills and knowledge and has been granted regional approval to drive an air bus.