



Transportation Services Regional Approval Training Checklist

7-194A

Driver's Name: _____

Date _____

Instructor: _____

Pre-Trip - See checklist sheet

Loading and Unloading	Value
<input type="checkbox"/> 5-point mirror check	10
<input type="checkbox"/> Activate lights	F
<input type="checkbox"/> Mirror check again <input type="checkbox"/> Left hand pickup Turnaround	10
<input type="checkbox"/> 3-point stop position	F
<input type="checkbox"/> Safety zones <input type="checkbox"/> Right hand pickup	10
<input type="checkbox"/> Signal students	5
<input type="checkbox"/> Students seated <input type="checkbox"/> Left hand drop-off	4
<input type="checkbox"/> 5-point mirror check	10
<input type="checkbox"/> Shoulder check	5
<input type="checkbox"/> Signal & proceed	5

Railroad Crossing <input type="checkbox"/> Uncontrolled <input type="checkbox"/> Controlled	Value
<input type="checkbox"/> 5-point mirror check	5
<input type="checkbox"/> Come to stop no closer than 5m, no farther then 15m	10
<input type="checkbox"/> Activate lights	5
<input type="checkbox"/> All noise shut off	5
<input type="checkbox"/> 3-point stop position	F
<input type="checkbox"/> Open window	10
<input type="checkbox"/> Open door	10
<input type="checkbox"/> Look & Listen	10
<input type="checkbox"/> Lowest gear with no shifting across tracks	F

Turnarounds	Value
<input type="checkbox"/> 5-point mirror check	10
<input type="checkbox"/> Activate lights	5
<input type="checkbox"/> Pull ahead one bus length	5
<input type="checkbox"/> Horn	10
<input type="checkbox"/> 5-point Mirror check	10
<input type="checkbox"/> Shoulder check	5
<input type="checkbox"/> Back up in one continuous motion	10
<input type="checkbox"/> Road position	10
<input type="checkbox"/> 1 correction allowed	10

In Town Driving	Value
<input type="checkbox"/> Awareness/observation: blind spots/mirrors	10
<input type="checkbox"/> Signals: not given/cancelled	10
<input type="checkbox"/> Speed: to slow/fast for conditions/exceeds	10
<input type="checkbox"/> Planning: late choosing/traffic lane/lane changes	10
<input type="checkbox"/> Gear/clutch/steering/acceleration	10
<input type="checkbox"/> Roll back	10

Parking	Value
<input type="checkbox"/> Turn wheels to right with a curb when downhill	10
<input type="checkbox"/> Turn wheels to right with no curb both uphill & downhill	10
<input type="checkbox"/> Turn wheels to left with a curb when uphill	10

Defensive Driving	Value
<input type="checkbox"/> Commentary Driving	10
<input type="checkbox"/> 5-point Mirror check	10
<input type="checkbox"/> Shoulder checks	10
<input type="checkbox"/> Zone of awareness 360 degrees and below vehicle	10
<input type="checkbox"/> Look 12 sec ahead	10
<input type="checkbox"/> 1 1/2 m away from parked vehicles	10
<input type="checkbox"/> Speed limits (exceeds)	F

Post-Trip – see pre-trip sheet

Comments: _____

Total deductions _____

To meet the requirements a driver may have no more than 40 deductions or “F” on any maneuver.

Driver’s signature: _____ Date: _____

Instructor’s signature: _____ Date: _____