

FACILITY AUDIT FORM

TF037

Bus Operator _____

Location Audited _____

Date of Audit _____

Auditor _____

DRIVER COMPLIANCE

Yes No

COMMENTS

		Yes	No	COMMENTS
8.1	File has current driver's license on file and of appropriate class			
4.3	CRC/ Consent to Disclosure Form current and signed by employee			
Sched B	Driver has up-to-date EPIPEN training			
4.2	Copy of current driver's abstract is on file			
8.7	Sign off of Driver acceptance and adherence to Agreement and P&P			
13.4	Sign off of Driver Confidentiality			
Other	Files are kept in a secure location			

NOTES: _____

Bus and Route Record Keeping

Yes No

COMMENTS

		Yes	No	COMMENTS
2.4	Are the routes on file up to date and consistent with records on file at STSBHN?			
Other	Are the routes and other information supplied by STSBHN stored in a secure location?			
7.3	Are the appropriate number of spare buses available (10%+)?			
Other	Are defects properly recorded and appropriate repairs made?			

NOTES: _____

Safety Training and Programs

Yes No

COMMENTS

		Yes	No	COMMENTS
8.2	Copy of Current Training Manual provided (material consistent with contract)?			
Sched A/B	Safety Orientation Meets and Content Provided meets consortium expectation?			
Sched E	Re-training on cause of event provided to Driver's after preventable accident/ incident?			

NOTES: _____

Evaluator's Name _____

Date _____