

# PATERSON PUBLIC SCHOOLS



Preparing All Children for College and Career

Transportation Department - 90 Delaware Ave - Paterson, NJ 07503  
Telephone (973)321-0830 - Fax (973)321-0484

## BUS INSPECTION FORM

ROUTE CODE	<input type="checkbox"/> REG <input type="checkbox"/> S-ED	SCHOOL	
COMPANY NAME		TIME & DATE	<input type="checkbox"/> AM : <input type="checkbox"/> PM
DRIVER'S NAME		DL#	
DL INFORMATION	DL Exp: / / Endr: <input type="checkbox"/> P <input type="checkbox"/> S	Medical Exam Card <input type="checkbox"/> Exp: / /	
BUS DOCUMENTS	Reg Exp: / / Insurance Exp: / /	Inspection Date: / /	

## FINDINGS DETAILS & DESCRIPTION

LICENSE PLATE #	BUS #	VEHICLE SIZE: <input type="checkbox"/> 16 <input type="checkbox"/> 25 <input type="checkbox"/> 32 <input type="checkbox"/> 54 <input type="checkbox"/> Other:	
<input type="checkbox"/> TARDY : AM <input type="checkbox"/> PM <input type="checkbox"/>			<u>Inspection Comments &amp; Notes:</u> _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
<input type="checkbox"/> NO AIDE <input type="checkbox"/> AIDE			
<input type="checkbox"/> NO STUDENT ROSTER <input type="checkbox"/> STUDENT ROSTER			
<input type="checkbox"/> MISSING DRIVER DOCUMENTATION (describe) <input type="checkbox"/> DRIVERS LICENSE			
<input type="checkbox"/> SCHOOL BUS DOCUMENTATION (describe) <input type="checkbox"/> INSURANCE CARD <input type="checkbox"/> REGISTRATION CARD			
<input type="checkbox"/> BUS EQUIPMENT MISSING			
<input type="checkbox"/> CAMERA <input type="checkbox"/> FIRE EXTINGUISHER <input type="checkbox"/> FIRST AID KIT			
<input type="checkbox"/> SAFETY EQUIPMENT MALFUNCTION (describe)			
<input type="checkbox"/> IDLE AT SCHOOL PROPERTY			
<input type="checkbox"/> WRECKLESS DRIVING			
<input type="checkbox"/> DROPPED OFF - UNCLAIMED STUDENT			
<input type="checkbox"/> PROCEDURE ISSUE (describe)			
<input type="checkbox"/> Route Sign Displayed in Window			

## TRANSPORTATION USE ONLY

REPORT STATUS: \_\_\_\_\_

NOTIFIED VENDOR  NOTIFIED SCHOOL  FOLLOW UP REQUIRED  FINDING ADDESSED & RESOLVED

## REPORT SIGN OFFS

Initiator (District Official)		TITLE	
Witness (District Official)		TITLE	
Contact Telephone	( ) -	<input type="checkbox"/> OFFICE <input type="checkbox"/> CELL	DATE - - 20

COPIES AVAILABLE UPON REQUEST