

Date: _____ Location: _____

Person(s) Conducting the Survey: _____

Condition		Recommendation/Additional Info
Is an appropriate training program in place?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is a scheduled maintenance program in place?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are vehicles stored on the property and not taken home?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is proper recording of pre- and post-trip inspections done?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are two-way radios used on the buses?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are all CDL procedures following?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you follow the ODE Pupil Transportation manual?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do your special education drivers follow IEP recommendations?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you conduct the required annual evacuation drills?	Yes <input type="checkbox"/> No <input type="checkbox"/>	