

# *Community Services of Northeast Texas, Inc.*

## **Personnel Policies & Procedures**

### **509 Fleet Safety Policy**

Effective Date:

Revision Date:

Community Services of Northeast Texas, Inc. (CSNT) considers safety and accident prevention to be one of our highest priorities in all areas of operation, including fleet vehicle safety. Since most vehicle accidents are caused by driver error, one of our goals is to employ only drivers who have a safe driving record, and to ensure that they drive defensively. We strive to make sure that vehicles are maintained in safe operating condition and are regularly inspected. Should an accident occur, CSNT will ensure that the circumstances of the accident are thoroughly investigated, and that a determination is made as to whether the accident was preventable on the part of the CSNT employee. Employees involved in a preventable or an at-fault accident will be subject to disciplinary action, including the suspension of driving privilege.

We have a responsibility to our clients, our employees, and the general public to ensure that our vehicles are at all times in safe operating condition and operated only by licensed, qualified, and safe drivers. This Fleet Safety Program is intended to assist us in meeting this responsibility and to convey to all drivers and other employees the specific duties and responsibilities that each has regarding fleet vehicle safety.

### **Responsibility and Accountability:**

#### **Responsibility for Fleet Vehicles:**

CSNT Transportation Coordinator is responsible for the implementation of the Fleet Safety Program. The Transportation Coordinator's duties will include, but not be limited to the following duties where they pertain to the Fleet Safety Program:

- CSNT will obtain a driving history of all drivers to ensure that meet he/she meet the criteria for driver qualification. This will be accomplished by obtaining and reviewing the motor vehicle records for all new hires. Human Resources will run an annual MVR review each July on all current drivers. The criteria for a qualified driver includes the following:

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No serious moving violations such as DWI conviction, hit and run, vehicular manslaughter, or other vehicle felony.

No more than **two** citations **in a three year period** for a moving violation.

No more than **one** at fault accident within the previous **three-year period**.

- Ensuring that vehicles are regularly inspected by the driver using the vehicle checklist on a daily frequency and that all necessary repairs are made when needed. Vehicles must be inspected daily by the driver before making a trip and a weekly Inspection must be documented using the vehicle checklist.
- Investigating all vehicle accidents and completing the appropriate accident Investigation forms and documentation.
- Ensuring that training and instruction in defensive driving is provided to all fleet vehicle operators. Drivers who are involved in an accident while operating an agency vehicle, or while operating their own vehicles on agency business, will be required to complete an approved defensive driving course within **thirty** days following a determination that the accident was preventable on the part of the agency employed driver.
- Ensuring that agency vehicles are used only for agency business and that no personal or unauthorized use of the vehicles is permitted.

Each CSNT employee who is authorized to drive on agency business, whether driving a personal vehicle or any fleet vehicle, is also responsible for vehicle safety. Drivers are required to maintain a current drivers license, to maintain a driving record that meets the qualification criteria contained in this policy, to comply with the accident reporting procedures contained in this policy, and to conduct a pre-trip inspection on any fleet vehicle before leaving the property of CSNT with passengers in this vehicle. The daily pre-trip inspection does not have to be documented with the vehicle condition report, but the driver must check, at a minimum, the condition of the tires, safe operation of the brakes, and safe operation of all lights and signals before loading of passengers. The driver is responsible to report any deficiencies to the Transportation Coordinator, and to remove the vehicle from service if there is a defect that will affect the safe operation of the vehicle.

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### **Drivers of Agency vehicles must also comply with the following provisions:**

- All vehicles must be properly checked out and signed out
- The driver is responsible for making sure that all passengers are wearing seat belts while in agency vehicles; the driver must also wear a seat belt at all times. (Policy 501)
- Drivers are expected to operate vehicles in a manner consistent with all applicable laws and regulations, and to follow the vehicles safety rules contained in this policy.
- CSNT employees who operate their privately owned vehicles on agency business are responsible for complying with state laws regarding liability insurance for that vehicle. **Employees who transport clients in privately owned vehicles must carry proof of liability insurance in the vehicle and must also have a copy of the current liability insurance certificate on file in the office.** Any accident that occurs while operating a privately owned vehicle on agency business must be promptly reported to the Transportation Coordinator.

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**Motor Vehicle Record Policy**

Employees with MVRs that violate the following standards may be subject to having their driving privileges revoked. The employee will be considered for a driving position at such time as the MVR shows improvement. The criteria for acceptable MVRs are as follows:

- **No more than 2 moving violations in any 12-month period.**
- **No more than 2 at-fault accidents in any 12-month period.**
- **No restricted or suspended license in the past 12 months.**
- **No driving under the influence (DWI) convictions.**

During the hiring process for drivers the Agency will consider the following :

- The applicant must have a valid operator's license of the appropriate type for the vehicle driven
- Employment application will be reviewed
- The motor vehicle record (MVR) will be reviewed prior to hiring and at least bi-annually thereafter to help identify deteriorating driving experience
- A personal interview will be conducted
- References will be checked to verify information on the application
- A background investigation will be conducted
- A drug test will be conducted
- A physical examination will be required
- Each driver's driving performance and record will be included in the personnel file

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### **Driver Education and Training**

It is important to train new drivers to ensure that these new employees are aware of their responsibilities and duties, how to operate the equipment safely, what is expected of them, and to ensure that they are aware of the agency's safety policies. Training may take place in a classroom, in the yard, on the job, or on the road. The Transportation Coordinator will ensure that all training is documented.

Remedial training will be provided to those drivers with poor driving performance records.

Training topics will include, but not be limited to, the following:

- Importance of wearing seat belts
- Dangers of driving while under the influence of drugs or alcohol
- Traffic laws and regulations
- Emergency procedures - What to do in the event of an accident
- First Aid
- Proper backing techniques
- Proper passing procedures
- Reporting of accidents
- Vehicle maintenance
- Proper loading and unloading of vehicles
- Cell phone use is prohibited while driving (Policy 526)

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### Vehicle Inspection and Preventive Maintenance

Motor vehicle fleets require regular safety inspections and maintenance to keep the equipment operating safely and efficiently. Drivers should make daily pre-trip inspections of their vehicles focusing on key areas such as tires, mirrors, lights, glass, wiper blades, horn, gages, fluid levels, brakes, emergency equipment, etc. If the inspection indicates a deficiency or a component in need of repair, this should be brought to the attention of the drivers Supervisor who should report it to the Transportation Coordinator immediately. Depending on the severity of the problem, the vehicle may be taken out of service until repairs can be made.

The Transportation Coordinator may, at his/her discretion, conduct unannounced spot inspections of vehicles.

### Accident Investigations

#### I. PURPOSE:

The purpose of incident and accident investigation can be defined by one word - "**Prevention**". Incident and accident investigation should be viewed as an opportunity to correct deficiencies, **not find fault or place blame**.

Only when all incidents are reported and investigated (major, minor, as well as non injury incidents) can we identify the causes and implement corrective action to prevent their recurrence.

It is the policy of CSNT that all incidents and accidents be reported promptly and investigated. This incident and accident investigation program will provide an opportunity for management to evaluate and correct deficiencies found within the safety process.

The depth of the investigation should not be determined by the severity of the injury or the amount of financial loss, but rather by the **potential** severity and the probability of recurrence of the accident or near miss (both to the employee and to the equipment). The difference between major, minor and non-injury incidents are often times merely determined by **LUCK or CHANCE**. And, in the case of safety, we make our own luck.

#### II. RESPONSIBILITY:

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The Transportation Coordinator will be responsible to see the incident investigation program is implemented. The Transportation Coordinator is responsible to see that all incidents are promptly reported and properly investigated. The Transportation Coordinator will participate in, or review, every incident investigation that occurs. **Human Resources** will be responsible to investigate and provide suggestions for corrective action.

### III. INTERVIEW PROCESS:

Interviewing accident/injury victims and witnesses can be a difficult job if not handled properly. Interview employees as soon as possible, while the incident is fresh in their minds. After a prolonged period of time it is possible to rationalize what might have or could have happened.

The individual being interviewed often is fearful and/or reluctant to relate all the facts about the accident. Many employees believe incident investigations are **fault-finding or blaming** actions rather than a **fact-finding process**. This is due mainly to the narrow focus of most incident investigations that concentrate more on the unsafe acts of employees rather than solutions to correct the problem.

#### Definitions:

Just to re-iterate, the purpose of conducting the investigation should be to obtain factual information in order to determine the root cause of the accident, in hope of preventing future similar occurrences - **not to place blame**. Always determine what happened and why. Was it preventable or non-preventable?

**Reportable Accident:** Any accident involving an agency vehicle that results in death, bodily injury or property damages. An accident is reportable regardless of who was hurt, what property was damaged or to what extent, where it occurred, or who was responsible.

**Preventable Accident:** Any reportable accident in which the driver failed to exercise every reasonably possible precaution to prevent the accident from occurring. Responsibility for the accident goes beyond observance of traffic rules and regulations. A fair and proper determination can only be made after conducting a thorough accident investigation.

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**Responsibility For Accident:** The responsibility for accidents is based on whether the accident was preventable and not on who was at fault.

<b>KEY QUESTIONS THAT MUST BE ASKED AND ANSWERED IN CONDUCTING AN ACCIDENT INVESTIGATION</b>	
<b>WHO:</b>	<ul style="list-style-type: none"> <li>• Was Injured?</li> </ul>
	<ul style="list-style-type: none"> <li>• Saw the accident?</li> </ul>
	<ul style="list-style-type: none"> <li>• Was the supervisor/manager at the time of the accident?</li> </ul>
	<ul style="list-style-type: none"> <li>• Was working with the person involved?</li> </ul>
	<ul style="list-style-type: none"> <li>• Else was involved?</li> </ul>
	<ul style="list-style-type: none"> <li>• Instructed the employee?</li> </ul>
	<ul style="list-style-type: none"> <li>• Trained the injured employee?</li> </ul>
	<ul style="list-style-type: none"> <li>• Assigned the employee to the job or task?</li> </ul>
	<ul style="list-style-type: none"> <li>• Can help or assistance with the job prevent a recurrence?</li> </ul>
<b>WHAT:</b>	<ul style="list-style-type: none"> <li>• Was the accident type?</li> </ul>
	<ul style="list-style-type: none"> <li>• Was the type of injury?</li> </ul>
	<ul style="list-style-type: none"> <li>• Part of the body was injured?</li> </ul>
	<ul style="list-style-type: none"> <li>• Job or task was the employee performing?</li> </ul>
	<ul style="list-style-type: none"> <li>• Was he told to do?</li> </ul>
	<ul style="list-style-type: none"> <li>• Tool was the employee using?</li> </ul>
	<ul style="list-style-type: none"> <li>• Machine or equipment was involved?</li> </ul>
	<ul style="list-style-type: none"> <li>• Instructions did the employee receive?</li> </ul>
	<ul style="list-style-type: none"> <li>• Specific precautions were necessary to do the job?</li> </ul>
	<ul style="list-style-type: none"> <li>• Specific precautionary instructions were given?</li> </ul>
	<ul style="list-style-type: none"> <li>• Protective equipment was used?</li> </ul>
	<ul style="list-style-type: none"> <li>• Protective equipment should have been used?</li> </ul>
	<ul style="list-style-type: none"> <li>• Protective equipment was available?</li> </ul>
	<ul style="list-style-type: none"> <li>• Problems or questions were encountered?</li> </ul>
	<ul style="list-style-type: none"> <li>• Did the employee or witness do when the accident occurred</li> </ul>
	<ul style="list-style-type: none"> <li>• Extenuating circumstances were involved?</li> </ul>
	<ul style="list-style-type: none"> <li>• Did the employee or witness see?</li> </ul>
	<ul style="list-style-type: none"> <li>• Will be done to prevent recurrence?</li> </ul>
	<ul style="list-style-type: none"> <li>• Safety rules were violated?</li> </ul>



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	<ul style="list-style-type: none"> <li>• New rules are needed, if any?</li> </ul>
<b>NOTES:</b>	

<b>WHEN:</b>	<ul style="list-style-type: none"> <li>• Did the accident occur?</li> </ul>
	<ul style="list-style-type: none"> <li>• Was the employee hired?</li> </ul>
	<ul style="list-style-type: none"> <li>• Did the employee start the job/task?</li> </ul>
	<ul style="list-style-type: none"> <li>• Were the specifics of the job/task discussed with the employee?</li> </ul>
	<ul style="list-style-type: none"> <li>• Were hazardous conditions discussed with the employee?</li> </ul>
	<ul style="list-style-type: none"> <li>• Did the supervisor last check on the employee's progress?</li> </ul>
	<ul style="list-style-type: none"> <li>• Will the hazardous situation be corrected?</li> </ul>
	<ul style="list-style-type: none"> <li>• Will the employee return to work?</li> </ul>

<b>WHERE:</b>	<ul style="list-style-type: none"> <li>• Did the accident occur?</li> </ul>
	<ul style="list-style-type: none"> <li>• Was the employee at the time of the accident?</li> </ul>
	<ul style="list-style-type: none"> <li>• Was the supervisor/manager?</li> </ul>
	<ul style="list-style-type: none"> <li>• Were the other people that were involved at the time of the accident?</li> </ul>
	<ul style="list-style-type: none"> <li>• Were witnesses when the accident occurred?</li> </ul>

<b>WHY:</b>	<ul style="list-style-type: none"> <li>• Was the employee injured?</li> </ul>
	<ul style="list-style-type: none"> <li>• Did employee do whatever contributed to the accident? (If another employee was involved.)</li> </ul>
	<ul style="list-style-type: none"> <li>• Wasn't protective equipment used?</li> </ul>
	<ul style="list-style-type: none"> <li>• Was the employee in the position he/she was in?</li> </ul>
	<ul style="list-style-type: none"> <li>• Was employee using the tools/equipment/machine he/she was using?</li> </ul>

<b>HOW:</b>	<ul style="list-style-type: none"> <li>• Was the employee injured?</li> </ul>
	<ul style="list-style-type: none"> <li>• Could the accident been avoided?</li> </ul>

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	<ul style="list-style-type: none"> <li>• Could the other employee(s) have helped to prevent the accident</li> </ul>
	<ul style="list-style-type: none"> <li>• Could the supervisor/manager have prevented the accident?</li> </ul>
<b>NOTES:</b>	
<b>GENERAL:</b>	<ul style="list-style-type: none"> <li>• Was protective equipment available?</li> </ul>
	<ul style="list-style-type: none"> <li>• Were specific instructions given?</li> </ul>
	<ul style="list-style-type: none"> <li>• Were specific instructions followed?</li> </ul>
	<ul style="list-style-type: none"> <li>• Was equipment/tools/machine defective?</li> </ul>
	<ul style="list-style-type: none"> <li>• Was the defective condition reported?</li> </ul>
	<ul style="list-style-type: none"> <li>• Did the employee continue working with the defective equipment?</li> </ul>
	<ul style="list-style-type: none"> <li>• Did the employee continue working with the defective equipment?</li> </ul>
	<ul style="list-style-type: none"> <li>• Did the employee continue working under the circumstances he or she was working under that led to the accident?</li> </ul>
	<ul style="list-style-type: none"> <li>• Were safe procedures followed?</li> </ul>
<b>NOTES:</b>	



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### **General Vehicle Safety Rules**

- All occupants must wear safety belts whenever you are in a moving vehicle (Medical exceptions must have a doctor's note) (Policy 501)
- Be constantly aware of traffic, road, and weather conditions
- When driving, always keep your eye on the road and your mind on driving
- Stay at least four seconds behind the vehicle in front of you
- Pass on the left, but only where it is permitted and where you can see enough clear space to pass comfortably
- Be especially alert in heavy traffic. Watch for sudden stops, cars passing or moving in out of lanes, debris, construction, or potholes. (Policy 501)
- Constantly check rear view mirrors and side mirrors for approaching traffic
- Come to a complete stop at stop signs
- Drivers must comply with applicable federal, state, and local laws and minimum requirements, including posted speed limits (Policy 701)
- Always yield the right-of-way
- Use windshield wipers, lights, and defroster when driving in the rain
- During periods of limited visibility or adverse weather conditions such as rain, sleet, snow, ice, or fog vehicle headlights will be turned on
- Always expect the other driver to do the unexpected
- Do not overload vehicles with material or passengers
- Drivers are responsible for making daily inspections of agency owned vehicles before they are placed into use

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- All items that are discovered to need repair during the inspection will be reported immediately. No vehicle will be driven unless it is in road worthy condition
- Consumption of alcohol prior to and during the operation of a vehicle is strictly prohibited
- All incidents and accidents must be reported immediately to management (Policy 501)
- Cell phone use is prohibited while driving (Policy 526)
- No unauthorized passengers or hitch hikers are permitted. No one may ride on top of any vehicle
- Any employee who operates a vehicle rigorously or occasionally is required to report any suspension or revocation of their license to their supervisor
- Employees must carry their current state drivers license at all times while operating agency vehicles. Employees with suspended or revoked licenses will not be allowed to operate vehicles
- When stopping behind a vehicle in traffic always leave adequate clearance between your vehicle and the vehicle in front of you
- Avoid backing up if at all possible. All drivers will visually inspect the area that will be backed into before backing up
- Slow down and watch for cross traffic at uncontrolled intersections and/or intersections with yield signs
- Stop look and listen for trains at all on guarded railroad crossings
- Slow down and/or stop at railroad crossings with limited visibility
- If a train is visible, come to a complete stop and wait until the train has passed before proceeding over the tracks
- At no time should an agency owned vehicle stop on or within fifteen feet of railroad tracks. Stop at least 15 feet from the tracks

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- Personal use of agency vehicles is prohibited unless specifically authorized by management
- Unauthorized persons will not be allowed to drive or operate a agency owned vehicle

### **WHAT TO DO IN CASE OF AN ACCIDENT**

#### **I. REMAIN AT THE SCENE:**

Do not move the vehicle unless it presents a safety hazard to others or appropriate authorities direct you to do so. If someone is injured, call for medical aid and notify the agency office immediately. Warn other motorists and place flares, cones, or warning signals as appropriate.

#### **II. REPORT THE ACCIDENT TO THE APPROPRIATE AUTHORITIES:**

Report any accident involving injury or significant damage to the nearest police officer. When you cannot leave the vehicle or get to a telephone within a short distance, ask a passing motorist to call.

#### **III. GATHER ACCIDENT INFORMATION:**

Complete the information in the driver's accident information kit. Draw a complete diagram the accident scene showing streets and vehicles. Give no information at the scene of the accident (except to the appropriate authorities) and sign no papers for anyone except police. If the driver of the other vehicle leaves the scene or is uncooperative, you must, at a minimum, obtain the vehicle license plate number and a description of the vehicle, driver, and any passengers.

#### **IV. OBTAIN NAMES, TELEPHONE NUMBERS, AND ADDRESSES OF ALL WITNESSES:**

#### **V. CALL YOUR IMMEDIATE SUPERVISOR:**

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Report the accident immediately to your supervisor. Telephone to report any accident, as there may be steps to take before you leave the scene.

<b>DRIVERS REPORT OF VEHICLE ACCIDENT</b>
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Incident Date:	Incident Time: <span style="float: right;">AM / PM</span>
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- |  |
|--|
| <p><b>In Case of an Accident<br/>Follow these Instructions</b></p> <ol style="list-style-type: none"> <li>1. Stop immediately but do not obstruct traffic.</li> <li>2. Call for immediate aid for anyone who appears injured.</li> <li>3. Call the police.</li> <li>4. Call your supervisor.</li> <li>5. Gather information necessary to complete this form.</li> <li>6. Do not hastily accept claim settlement or make statements regarding employer's liability to pay or "take care of the claim".</li> <li>7. Do not admit liability to anyone.</li> <li>8. File a written report with your supervisor that includes the police report.</li> </ol> |
|--|

<b>INJURED:</b>	Circle: Our Driver/Other Car/Pedestrian
<b>Name:</b>	
<b>Address:</b>	
<b>Phone:</b>	
<b>Nature of Injury:</b>	
<b>Hospital Taken To:</b>	
<b>INJURED:</b>	Circle: Our Driver/Other Car/Pedestrian
<b>Name:</b>	
<b>Address:</b>	
<b>Phone:</b>	
<b>Nature of Injury:</b>	
<b>Hospital Taken To:</b>	
<b>POLICE REPORT:</b>	
<b>Officer:</b>	
<b>Badge Number:</b>	
<b>Citation Issued:</b>	Yes                      No

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<b>Type of Violation:</b>	
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<b>WITNESS:</b>	
<b>Name:</b>	
<b>Address:</b>	
<b>Phone:</b>	

<b>WITNESS:</b>	
<b>Name:</b>	
<b>Address:</b>	
<b>Phone:</b>	
<b>WITNESS:</b>	
<b>Name:</b>	
<b>Address:</b>	
<b>Phone:</b>	
<b>YOUR VEHICLE:</b>	
<b>License Number:</b>	
<b>Vehicle Number:</b>	
<b>Make/Yr:</b>	
<b>Driven By:</b>	
<b>Department:</b>	
<b>Supervisor:</b>	
<b>Damage:</b>	
<b>OTHER VEHICLE:</b>	
<b>License Number:</b>	
<b>Make/Yr:</b>	
<b>Driver:</b>	
<b>Age:</b>	
<b>Address:</b>	
<b>Phone:</b>	
<b>Insurance Company</b>	
<b>Policy Number:</b>	
<b>Expiration Date:</b>	
<b>Agent/Address</b>	





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<b>CSNT, Inc. VEHICLE ACCIDENT INVESTIGATION REPORT</b>
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<b>Driver:</b>	<b>Age:</b>
<b>Location:</b>	
<b>Time:</b>	<b>Date:</b>
<b>Job:</b>	<b>Length of Time on this job:</b>
<b>Describe Accident:</b>	
<b>Why did it happen?</b>	
<b>Describe Injury:</b>	
<b>Was this accident preventable on part of agency driver?</b>	
<b>Recommended Corrective Action:</b>	
<b>Follow Up - Has Corrective Action been Completed?</b>	
<b>Explain:</b>	

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<b>Investigated By:</b>	
<b>Date:</b>	
<b>Reviewed By:</b>	
<b>Date:</b>	

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**Employee Acknowledgment**

**I have read, been trained, and understand the fleet safety program. I agree to follow the rules it contains. I also understand that failure to comply with this program could result in disciplinary action, up to and including termination.**

**Employee: (Print) \_\_\_\_\_**

**Employee Signature: \_\_\_\_\_**

**Date: \_\_\_\_\_**

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Attachments:

1. Pre-Trip Inspection Checklist
2. Vehicle-Bus Inspection Log
3. Daily Vehicle Mileage Log
4. Bus Rules
5. Bus Discipline Report



## Vehicle Pre-Trip Inspection Checklist

Vehicle #: \_\_\_\_\_ Odometer Reading: \_\_\_\_\_

Driver name and employee#: \_\_\_\_\_

### Before starting vehicle.

Tires: Visually inspect for condition and possible under inflation. Insure tire tread is good, if you place a penny in tread the top of Lincolns head should not be visible.

Paint/Exterior Damage: Make sure there are no loose body parts, etc. Make sure there is no apparent damage possibly caused by an accident or vehicle being struck by an object.

Fluids: Visually inspect that there are no fluids leaking from car such as oil, transmission fluid, radiator coolant etc..

Mirrors: Adjust interior and exterior mirrors before proceeding.

Seat: Adjust seat to allow you to easily reach gas pedal and brake pedal. Do this before putting vehicle in gear.

Locate the insurance card, should be in glove box. If not found report this immediately to the Transportation Coordinator. Please obtain insurance card before operating vehicle.

### Start vehicle and check following.

Lights: Make sure the head lights, tail lights, brake lights, and turn signals are all functioning properly.

Windshield Wipers/Washer: Activate the windshield washers and ensure there is fluid in bottle and that the wipers are functions. Spotty removal of fluid may mean wipers need replaced.

Gauges/Instruments: Make sure all gauges are working properly. Make sure there are no warning lights on or the "check engine" light is on. Turn off vehicle and report this immediately to the Transportation Coordinator. You will also need to check out a different vehicle.

I, \_\_\_\_\_ attest that all of the above checks have been performed.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

Vehicle Inspection Log

Vehicle VIN #:	Center:																														Month																														
Inspect each item below: Mark "S" for satisfactory or "U" for unsatisfactory.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31																														
Oil Level																																																													
Radiator level																																																													
Battery Level																																																													
Windshield Washer Level																																																													
Engines/Hoses/Belts																																																													
Tires																																																													
Turn Signals																																																													
Head Lights																																																													
Tail/Brake Lights																																																													
Windshield Wipers																																																													
Paint/Exterior Damage																																																													
Brakes																																																													
Steering																																																													
Transmission																																																													
Mirrors																																																													
Gauges/Instruments																																																													
Equipment Controls																																																													
Radio/Phone																																																													
Interior Damage/Cleanliness																																																													
Fire Extinguisher																																																													
Flares/Triangles																																																													
First Aid Kit.																																																													
Red ER Binder.																																																													
Bio-hazard kit																																																													
Seat Belt Cutter																																																													
Insurance Card																																																													
Inspection Sticker																																																													
Registration																																																													
Jumper Cables																																																													

Additional information on the back: fuel, oil and mileage. Check each item on a daily basis for one month by placing initials in each block. Copy of this reported is to be sent to the Transportation Specialist when a repair or problem is found and monthly. Signature below indicates each item was inspected daily and a written report sent to the Transportation Specialist. By signing and initialing in the appropriate areas indicates that each item has been inspected and the condition written on this report.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Initials \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Initials \_\_\_\_\_

Month Beginning Mileage: \_\_\_\_\_ Month Ending Mileage: \_\_\_\_\_

Center Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_







# Head Start

*"Building partnerships, changing lives"*



Dear Parent,

Please read the following rules with your child and impress upon him/her the importance of behaving while on the bus.

- Follow the driver's and monitor's directions at all times.
- Wait for the monitor to assist in boarding or leaving the bus.
- Keep feet, backpacks, and other objects out of the aisle.
- Don't eat or drink on the bus.
- Do not deface the bus or its equipment.
- Do not put head, hands, arms, or legs out of the window.
- Do not throw objects in or out of the bus.
- Be seated and fastened in a child restraint system while the vehicle is moving.
- Wait for the monitor, parent, or guardian to assist in crossing the street.

Students not following the above rules are subject to the following disciplinary action:

- |                 |   |
|-----------------|---|
| First offense:  | Verbal Warning given to student.  |
| Second offense: | Written Warning sent to parents.<br>Possibility of a three day suspension from bus.                           |
| Third offense:  | Parents asked to meet with Center Director and Bus driver.<br>Bus riding privileges suspended for three days. |
| Fourth offense: | Student will lose bus riding privileges for 30 school days.   |

In addition to these rules, children participating in transportation services provided by a partnership ISD are required to follow the ISD rules and will be subject to their policies and procedures regarding transportation. CSNT Head Start will ensure that parents are provided with a copy of the partnership ISD rules and regulations.

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date



<b>Bus Disciplinary Report</b> <b>CSNT, Inc Head Start</b> <b>(903) 756-5596</b>	<b>Student Name</b>	
	<b>Date</b>	<b>Bus No.</b>
	<b>Driver's Name</b>	
<b>Location</b>	<input type="checkbox"/> 1st Notice <input type="checkbox"/> 2nd Notice <input type="checkbox"/> 3rd Notice	
<b>Notice to Parents</b> This is to inform you of a disciplinary issue involving your child on the school bus.		
<b>Driver's Report</b>		
<b>Disciplinary Action Taken</b>		
<input type="checkbox"/> Verbal Warning <input type="checkbox"/> Placed on Probation <input type="checkbox"/> Written Warning <input type="checkbox"/> 3 Day Suspension <input type="checkbox"/> Telephoned Parent <input type="checkbox"/> Loss of Bus Privileges until : _____ <input type="checkbox"/> Parent Conference		
_____	_____	_____
(Drivers Signature)	(Directors Signature)	(Date)

<b>Bus Disciplinary Report</b> <b>CSNT, Inc Head Start</b> <b>(903) 756-5596</b>	<b>Student Name</b>	
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(Drivers Signature)	(Directors Signature)	(Date)