DTMO BUS MOVEMENT STANDARDS OF SERVICE & INSPECTION CHECKLIST

SECTION I MOVEMENT INFORMATION

Date: *

Total passengers moved: *

Name of Carrier: *

MRN Number: *

MRO Number:

Name of Origin Location: *

POC Phone: *

Destination POC Phone: *

Group Leader Name (Last, First, MI): *

Group Leader Rank/Grade: *

Group Leader Phone: *

Unit/Command Name (Last, First, MI): *

Unit/Command Phone: *

Unit/Command Address: *

SECTION II DRIVER DOCUMENTS/INFORMATION *

	Yes	No
1. Driver's License	O	O
2. Medical Certificate	O	O
3. Vehicle Inspection Report	O	O
4. Drivers record of duty status (log)	O	O
5. Driver has communication capability	O	O
6. Drivers name clearly identified on ID/Badge/Shirt Logo	O	O

SECTION III CARRIER RESPONSIBILITIES *

	Yes	No
1. Bus arrived on-time	O	O
2. Sufficient seating and baggage space	O	O
3. Carrier personnel neat, courteous, and helpful	O	O
4. Carrier provided safety briefing before departure	O	O
5. Carrier briefs Group Leader concerning stops and driver exchange points (if needed)	O	O

SECTION IV VEHICLE INSPECTION CRITERIA *

	Yes	No
1. Oil leaks	O	O
2. Low air warning device	O	O
3. Interior clean	O	O
4. Parking brake	O	O
5. Air loss rate (air leaks)	O	O
6. Emergency warning devices	O	O
7. Seats property secured to flooring	O	O
8. Temperature control	O	O
9. Equipped with first aid kit	O	O
10. Cracked windshield	O	O
11. Windshield wipers	O	O
12. Adequate lighting (taillights, turn signals, stop lights, and emergency flashers)	O	O
13. Emergency windows and doors operational and properly marked	O	O
14. Lavatory clean and functional (paper products supplied, door/toilet working)	O	O
15. Overhead rack space provided for coats, hats, and parcels	O	O
16. Windows work properly and completely close	O	O
17. Lighting adequate to individual passenger service needs	O	O
18. Fire extinguisher (property secured)	O	O
19. Tire inspections (wheels/rims)	O	O
20. Company name and DOT # clearly identified on bus	O	O
21. Clean headrest covers supplied for each seat (when applicable)	O	O
22. Exterior appearance (damage/vandalism)	O	O

COMMENTS

Carrier disinfected interior/exterior per CDC guidelines (bus driver initial before departure):

Name (Last, First, MI) below to show agreement to the inspection criteria and entered information. *

Group Leader/POC **Signature**

Bus Driver **Signature**