## **RUN 9 - 2020 Fall Semester Weekday Bus Service Line**

Shift: 4:00 p.m. – 9:00 p.m. By JONATHAN

**Driver's Name** 

Day & Date

Townhouse, Memorial Plaza MTA, Thornwood Shopping Center

Mileage OUT

**Total Mileage** 

8:50 p.m. Complete Your Safety Post-

4:00 p.m. Conduct Your Daily Safety Pre-Trip
Inspection Form

Sign Here: X\_

Vehicle #

8:15 p.m. Report to Transportation Facility for Bus Disinfecting, Sweep

You must adhere to PACE University Policy and DOT Regulations as you are Responsible for Pre-checking the Assigned Bus to you. Complete and Sign Your Pre-trip & Post-Trip Form found on the back of this page.

Mandatory by New York State Law: Masks have to be worn at ALL times during entire duration of Bus Service Line. Any passenger not in compliance, please make sure to write their name on log sheet to address this matter immediately with Carolina who will then inform Security, Dean, Risk Management and Legal

Students, Faculty and Staff MUST present PACE ID prior to boarding bus, Present COVID-19 SELF-ASSESSMENT and confirmed attendance with Reservation List. Those NOT on the reservation list, you MUST take their full name and contact telephone number. If asked why, to be able to contact them during inclement weather.

Mileage IN

Depart Townhouse		Departs Memorial Plaza Metro North		Depart Thornwood Shopping Center			В	us Disinfecting
Time	Passengers	Time	Passengers	Time	Pa	ssengers		Time
4:30 p.m.		4:45 p.m.		5:00 p.m.			5:0	00 p.m. – 5:15 p.m.
5:15 p.m.		5:30 p.m.		5:45 p.m.			5: <u>-</u>	45 p.m. – 6:00 p.m.
6:00 p.m.		6:15 p.m.		6:30 p.m.			6:.	30 p.m. – 6:45 p.m.
6:45 p.m.		7:00 p.m.		7:15 p.m.			7:.	15 p.m. – 7:30 p.m.
7:30 p.m.		7:45 p.m.		8:00 p.m.			8:0	00 p.m. – 8:15 p.m.

And Garbage Removable

Items left behind, please notify Security and bring to Lost & Found located at Transportation Office

Student/Faculty/Staff Name

Telephone Number

NOTES:

DAILY INSPECTION REPORT								
Date:	Driver's Name	Time: A.M. or P.M. Circle One	Bus #:					
Fuel Bus Before and After Your Scheduled Shift	Fuel Bus Before and After Your Scheduled Shift	Mileage Reported at Shift Start	Mileage Reported at End of Shift					
Pre-Trip	Post-Trip	General	Check Item of Concern and Detail Below for Mechanics to Address Accordingly					
		Engine Noise	5.					
		Leaks						
		Steering System						
		Service Brakes						
		Parking Brakes						
		Rear & Side Mirrors						
		Tires						
		Windows						
		Battery Charge						
		All Lights						
		Turning Signal Lights						
		Fire Extinguisher						
		Emergency Triangle						
		First Aide						
		Seats & Belts						
		Emergency Door Latch						
		Service Door/Steps/Handles						
		Wheelchair Lift, if applicable						
		Horn						
		Gauges						
		Windshield Wipers/Washer						
		Defrost Fans and Heater Fans						
		Air Conditioner						
		Radio-check 2-way						
		Fuel Cap						
Driver's Comments:								
		t I have reviewed the previous inspects noted those found to have defects.	ction report and performed a pre-trip					
No Defects	Defects as Noted	Signature:						
those found to have defects. I ha but must bring back to Transporta	ve checked the vehicle for ation Facility and leave w	p maintenance inspection for each ite or any remaining student's personal p with Director by signing below, I attes nspection for each item listed above.	t that I have reviewed the previous					
NO. 5 .		a						
NO Defects	Defects as Noted	Signature:						

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