

<p><b>RUN 10 - 2020 Fall Semester</b>  <b>Weekday Bus Service Line</b></p>
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**Shift: 4:00 p.m. – 9:00 p.m.**  
**By CHARLIE (Thursdays & Friday ONLY)**

**Memorial Plaza MTA – Martin Circle - Thornwood**

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

**Sign Here: X** \_\_\_\_\_

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**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.*

Day & Date	Driver's Name	Vehicle #	Mileage IN	Mileage OUT	Total Mileage

Depart Thornwood Shopping Center		Depart Memorial Plaza MTA		Depart Townhouse		Bus Disinfecting
Time	Passengers	Time	Passengers	Time	Passengers	Time
4:30 p.m.		4:45 p.m.		5:00 p.m.		5:00 p.m. – 5:15 p.m.
5:15 p.m.		5:30 p.m.		5:45 p.m.		5:45 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.		8:00 p.m. – 8:15 p.m.

**8:15 p.m. Report to Transportation Facility for Bus Disinfecting, Sweep and Garbage Removable**

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

[illegible]

**8:50 p.m. Complete Your Safety Post-Trip Checklist  
Sign Here:**

X \_\_\_\_\_  
**Submit to Transportation Director**

	<b>NOTES:</b>

[illegible]

# DAILY INSPECTION REPORT

<b>Date:</b>	<b>Driver's Name</b>	<b>Time:</b> A.M. or P.M. <i>Circle One</i>	<b>Bus #:</b>
<b>Fuel Bus Before and After Your Scheduled Shift</b>	<b>Fuel Bus Before and After Your Scheduled Shift</b>	<b>Mileage Reported at Shift Start</b>	<b>Mileage Reported at End of Shift</b>
<b>Pre-Trip</b>	<b>Post-Trip</b>	<b>General</b>	<b>Check Item of Concern and Detail Below for Mechanics to Address Accordingly</b>
		Engine Noise	
		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	
<b>Driver's Comments:</b>			
Pre-trip Driver Certification: by signing below, I attest that I have reviewed the previous inspection report and performed a pre-trip maintenance inspection for each item listed above. I have noted those found to have defects.			
<b>No Defects</b>	<b>Defects as Noted</b>	<b>Signature:</b>	
Post-Trip Driver Certification: I have performed a post-trip maintenance inspection for each item listed above and have noted only those found to have defects. I have checked the vehicle for any remaining student's personal property and reported to Security, but must bring back to Transportation Facility and leave with Director by signing below, I attest that I have reviewed the previous inspection report and performed a pre-trip maintenance inspection for each item listed above. I have noted those found to have defects.			
<b>NO Defects</b>	<b>Defects as Noted</b>	<b>Signature:</b>	