## **RUN 20 - 2020 FALL SEMESTER WEEKEND BUS SERVICE LINE**

Shift: 9:30 a.m. – 9:30 p.m.

2 Drivers 9:30 a.m. – 3:30 p.m. 3:30 p.m. – 9:30 p.m.

**Driver's Name** 

Day & Date

Martin Circle, Memorial Plaza and Thornwood Shopping Center

Mileage OUT

**Total Mileage** 

9:30 a.m. Conduct Your Daily Safety Pre-Trip
Inspection Form and Sign When Completed

Sign Here: X

Vehicle #

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 Martin Circle			Departs Memorial Plaza Metro North		Depart Thornwood Shopping Center			1	Bus Disinfecting Schedule
Time	Pass	sengers	gers Time Passengers Time		Time	Pa	ssengers		Time
10:00 a.m.			10:15 a.m.		10:30 a.m.			10:.	30 a.m. – 10:45 p.m.
10:45 a.m.			11:00 a.m.		11:45 a.m.			11:-	45 a.m. – 12:00 Noon
12:00 Noon			12:15 p.m.		12:30 p.m.			12:.	30 p.m. – 12:45 p.m.
12:45 p.m.			1:00 p.m.		1:15 p.m.			1:.	15 p.m. – 1:30 p.m.
1:30 p.m.			1:45 p.m.		2:00 p.m.			2:	00 p.m. – 2:15 p.m.
2:15 p.m.			2:30 p.m.		2:45 p.m.			2:	45 p.m. – 3:00 p.m.
3:00 p.m.		3:15 p.m.		3:30 p.m.			<i>3:</i> .	30 p.m. – 3:45 p.m.	
3:45 p.m.		4:00 p.m.		4:15 p.m.			<i>4:</i> .	15 p.m. – 4:30 p.m.	
4:30 p.m.		4:45 p.m.		5:00 p.m.			<i>5:</i> (	00 p.m. – 5:15 p.m.	
5:15 p.m.		5:30 p.m.		5:45 p.m.			<i>5:</i> -	45 p.m. – 6:00 p.m.	
6:00 p.m.		6:15 p.m.		6:15 p.m.			6:	15 p.m. – 6:30 p.m.	
6:30 p.m.		6:45 p.m.		7:00 p.m.			7:0	00 p.m. – 7:15 p.m.	
7:15 p.m.		7:30 p.m.		7:45 p.m.			7:	45 p.m. – 8:00 p.m.	
8:00 p.m.		8:15 p.m.		8:30 p.m.			8:.	30 p.m. – 8:45 p.m.	
8:45 p.m.		9:00 p.m.		Report to Transportation Facility					

9:00 Report to Transportation Facili and Garbage Items left behind, please n Lost & Found located at	9:20 p.m. Complete Your Safety Post- Trip Form and Sign Here: X Submit to Transportation Director 9:30 p.m. End of Shift	
Student/Faculty/Staff Name	Telephone Number	NOTES:

D	AILY INSF	PECTION REPO	ORT	
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		
		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 inspect 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 inspection report and performed defects.	ve checked the vehicle fo ation Facility and leave w a pre-trip maintenance i	or any remaining student's personal prith Director by signing below, I attes inspection for each item listed above.	t that I have reviewed the previous	
NO Defects	Defects as Noted	Signature:		