RUN 1 - 2020 Fall Semester Weekday Bus Service Line

Shift: 6:30 a.m. – 2:30 p.m. JOHNNY G. Wilcox Hall → White Plains → One Pace Plaza (RoundTrip)

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	Mile	eage IN	Mileage OUT	Total Mileage
		1			
6:30 a.m. Conduct Your	Daily Pre-Trip Inspection Fo	orm	Sign here that you've completed:		
7:00 a.m. Depart Wilcox Hall, PLV for WP LAW School			How many passengers?		
7:30 a.m. Arrive at White Plains LAW School					
7:45 a.m. Depart WP LAW School for One PACE Plaza, NYC			How many passengers?		
9:45 a.m. Arrive at One PACE Plaza, NYC					
9:45 a.m. – 10:15 a.m. (30 mins.) Bus Disinfect /Break					
10:15 a.m. – 11:15 a.m. LUNCH HOUR IN NYC					
11:30 a.m. Depart One P	PACE Plaza for WP LAW Sch	ool	How many passengers?		
1:00 p.m. Arrive at Whit	e Plains LAW School				
1:15 p.m. Depart WP LAY	W School for Wilcox Hall, P	LV	How many passengers?		
1:45 p.m. Arrive at Wilcox Hall, Pleasantville					
			2:15 p.m	. – 2:30 p.m. Complete y	our Post-Trip Form
	p.m2:15 p.m.		Sign here:		
	ation Facility for Bus Disinfe	ecting			
ana Ga	arbage Removable		X Submit to Transportation Director		
Itams laft behind nie	assa notify Security and hr	ina to		Submit to Transportation	n Director
Items left behind, please notify Security and bring to Lost & Found located at Transportation Office			End of Shift: 2:30 p.m.		
LOSE OF LOSE OF LOSE	red at Hansportation C	<u>ce</u>			
Student/Faculty/St	taff Name & Telephone Nun	mber		NOTES	
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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	9,			
		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				
Driver's Comments:		Fuel Cap				
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.						
No Defects	Defeate as Note 1	Ci-mat				
No Defects	Defects as Noted	Signature:				
those found to have defects. must bring back to Transport	I have checked the vehicle for ation Facility and leave with D	maintenance inspection for each iter r any remaining student's personal pr Director by signing below, I attest that spection for each item listed above.	operty and reported to Security, but I have reviewed the previous			
NO Defects	Defects as Noted	Signature:				
110 Defects	Defects as Noteu	Jigilature.				