RUN 5 - 2020 Fall Semester Weekday Bus Service Line

Shift: 4:00 p.m. – 12:00 a.m. By **Hector**

Driver's Name

Day & Date

Memorial Plaza MTA ← → Martin Circle 4:45 p.m. – 6:25 p.m.

7:00 p.m. Wilcox ←→ One Pace Plaza (RoundTrip)

Mileage OUT

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

Sign Here: X	,
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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

-	Departs Memorial Plaza MTA		t Martin Circle	Bus Disinfecting	
Time	Passengers	Time	Passengers	Time	
4:45 p.m.		5:00 p.m.		5:00 p.m. – 5:10 p.m.	
5:10 p.m.		5:25 p.m.		5:25 p.m. – 5:35 p.m.	
5:35 p.m.		5:50 p.m.		5:50 p.m. – 6:00 p.m.	
6:00 p.m.	_	6:15 p.m.		6:15 p.m. – 6:25 p.m.	

Switch Bus if Needed for 7:00 p.m. Departure to One Pace Plaza from Wilcox Hall

Depart Wilcox Hall		Arrive at One Pace Plana	Bus Disinfecting and Break	Depart from One Pace Plaza		Arrive at Wilcox
Time	Passengers	Time	Time	Time	Passengers	Time
7:00 p.m.		9:00 p.m.	9:00p.m. – 9:30pm	9:30 p.m.	_	10:30 p.m.
7:00 p.m.		9:00 p.m.	9:00p.m. – 9:30pm	9:30 p.m.		10:30 p.m.

10:30 p.m. Report to Transportation Facility for Disinfecting Bus, Sweep and Garbage Removable

Items left behind, please notify Security and bring to Lost & Found located at Transportation Office 11:00 p.m. Complete Your Safety Post-Trip
Sign Here: X

Total Mileage

Form and Submit to Transportation Director

Student/Faculty/Staff Telephone Number NO

Name

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	3,	
		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	
		a		
No Defects	Defects as Noted	Signature:		
those found to have defects but must bring back to Trans	. I have checked the vehicle for sportation Facility and leave w	o maintenance inspection for each ite or any remaining student's personal p with 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:		
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