Form TR-I(a)
(For all months except second)

SCHOOL BUS MONTHLY ROUTE REPORT

DRIVER NAME _____ BUS # _____ ROUTE # _____ SCHOOL SYSTEM _____ BEGIN–END DATE _____ – _____

A. _____ B. _____ C. _____ D. _____ E. _____ F. _____

# STUDENTS TRANSPORTED				# STUDENTS TRANSPORTED				# STUDENTS TRANSPORTED			
DAY 1 DATE ___ ___	DROP OFFS	A.M.	P.M.	DAY 8 DATE ___ ___	DROP OFFS	A.M.	P.M.	DAY 15 DATE ___ ___	DROP OFFS	A.M.	P.M.
	A				A				A		
	B				B				B		
	C				C				C		
	D				D				D		
	E				E				E		
	F				F				F		
	TOTAL				TOTAL				TOTAL		
DAY 2 DATE ___ ___	DROP OFFS	A.M.	P.M.	DAY 9 DATE ___ ___	DROP OFFS	A.M.	P.M.	DAY 16 DATE ___ ___	DROP OFFS	A.M.	P.M.
	A				A				A		
	B				B				B		
	C				C				C		
	D				D				D		
	E				E				E		
	F				F				F		
	TOTAL				TOTAL				TOTAL		
DAY 3 DATE ___ ___	DROP OFFS	A.M.	P.M.	DAY 10 DATE ___ ___	DROP OFFS	A.M.	P.M.	DAY 17 DATE ___ ___	DROP OFFS	A.M.	P.M.
	A				A				A		
	B				B				B		
	C				C				C		
	D				D				D		
	E				E				E		
	F				F				F		
	TOTAL				TOTAL				TOTAL		
DAY 4 DATE ___ ___	DROP OFFS	A.M.	P.M.	DAY 11 DATE ___ ___	DROP OFFS	A.M.	P.M.	DAY 18 DATE ___ ___	DROP OFFS	A.M.	P.M.
	A				A				A		
	B				B				B		
	C				C				C		
	D				D				D		
	E				E				E		
	F				F				F		
	TOTAL				TOTAL				TOTAL		
DAY 5 DATE ___ ___	DROP OFFS	A.M.	P.M.	DAY 12 DATE ___ ___	DROP OFFS	A.M.	P.M.	DAY 19 DATE ___ ___	DROP OFFS	A.M.	P.M.
	A				A				A		
	B				B				B		
	C				C				C		
	D				D				D		
	E				E				E		
	F				F				F		
	TOTAL				TOTAL				TOTAL		
DAY 6 DATE ___ ___	DROP OFFS	A.M.	P.M.	DAY 13 DATE ___ ___	DROP OFFS	A.M.	P.M.	DAY 20 DATE ___ ___	DROP OFFS	A.M.	P.M.
	A				A				A		
	B				B				B		
	C				C				C		
	D				D				D		
	E				E				E		
	F				F				F		
	TOTAL				TOTAL				TOTAL		
DAY 7 DATE ___ ___	DROP OFFS	A.M.	P.M.	DAY 14 DATE ___ ___	DROP OFFS	A.M.	P.M.	DAY ___ DATE ___ ___	DROP OFFS	A.M.	P.M.
	A				A				A		
	B				B				B		
	C				C				C		
	D				D				D		
	E				E				E		
	F				F				F		
	TOTAL				TOTAL				TOTAL		

I certify that the information on this form is accurate to the best of my knowledge.

_____
DRIVER SIGNATURE

Form TR-II

SCHOOL BUS PRE-TRIP INSPECTION RECORD

Odometer Readings:
A. End Month ____________
B. Beginning Month ____________
C. Miles Traveled ____________
(A minus B = C)

SUBSTITUTE DRIVERS DURING MONTH

DATE	SUB DRIVER NAME

SYSTEM/AGENCY ______________________________

DRIVER NAME ______________________________

BUS NUMBER __________ DATE (Begin) ______________ (End) ______________

If items are operating properly, check ✓. If items are **not** operating properly, mark **X** and call the Transportation Department.

DATE																																								
ITEMS TO BE CHECKED	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
Gallons Fuel																																								
Qts Oil																																								
Engine Oil & Coolant																																								
Belts, Wires, & Hoses																																								
Windshield & Windows																																								
Tires & Lugs																																								
Exhaust System																																								
Brakes & Brake Leaks																																								
Park or Emergency Brake																																								
Emergency Exits & Buzzer																																								
Headlights/Hazard																																								
Pupil Loading Lights																																								
Stop Arm/Crossing Arm																																								
Steering Wheel & Horn																																								
Mirrors & Adjustment																																								
Emergency Equipment																																								
Seats & Interior																																								
Driver's Seat & Belt																																								
Service Door/Entrance																																								
Wipers/Washers																																								
Defroster/Heaters																																								
Gauges/Controls																																								
Fuel Tank/Leaks																																								
Springs/Shocks																																								
Sub Driver Initials																																								
Driver Initials																																								

I certify that I have observed all official regulations.

____
DRIVER SIGNATURE

Form TR-II

SCHOOL BUS PRE-TRIP INSPECTION RECORD (Continued)

Explanation of trips made other than on regular school bus routes:

A.	Date of Trip	Location of Trip	Round Trip Mileage

B. Total extra trip mileage for month .....

Extracurricular Pre-trip Inspection Record

Use this area to record pre-trip inspection for extracurricular trips.

DATE ——►										
ITEMS TO BE CHECKED										
Gallons Fuel										
Qts Oil										
Engine Oil & Coolant										
Belts, Wires, & Hoses										
Windshield & Windows										
Tires & Lugs										
Exhaust System										
Brakes & Brake Leaks										
Park or Emergency Brake										
Emergency Exits & Buzzer										
Headlights/Hazard										
Pupil Loading Lights										
Stop Arm/Crossing Arm										
Steering Wheel & Horn										
Mirrors & Adjustment										
Emergency Equipment										
Seats & Interior										
Driver's Seat & Belt										
Service Door/Entrance										
Wipers/Washers										
Defroster/Heaters										
Gauges/Controls										
Fuel Tank/Leaks										
Springs/Shocks										
Driver Initials										