

Transportation Review Pre-Visit Questionnaire Instructions

The boxes on the electronic version of this form will expand to fit your answers and formatting, so please complete and return electronically if possible. Page breaks are included at the beginning of each section to aid in splitting the questions among several staff members if needed.

ODE defines the school year as July 1 through June 30 of the following calendar year.

If you choose to answer these questions in print (not electronic), please attach pages as needed to answer the questions with references to the section and question numbers applicable.

Return the form to buslicense@ode.oregon.gov. If you are having trouble accessing the electronic version of this form or have any other questions or concerns about this document, please contact please contact Brock Dittus by [email](#) or by phone at (971) 208-2106.

Transportation Review Pre-Visit Questionnaire for: Click or tap here to enter text.

Section 1: Transportation and Background Check Policies

1. Are Transportation Polices available online? YES NO

a. If yes, what is the web address? What are the policy letters or numbers?

b. If no, please include a copy of all transportation and background check related policies and administrative rules (ARs).

Section 2: Supplemental Plan

1. Please list elementary schools for which transportation is provided within the 1-mile statutory limit.

2. Please list secondary schools for which transportation is provided within the 1.5-mile statutory limit.

Section 3: Accident Reports

1. During the last three school years, how many accidents have you had that:

a. Involved an injury to any person involved in the crash?

b. Resulted in more than \$500 of damage to the school bus?

c. Resulted in a DOT drug or alcohol test to be performed on the school bus driver?

NOTE: A single accident may be accounted for in more than one category due to crash details.

Section 4: Evacuation Training

1. Is your school calendar available online? YES NO

a. If yes, please provide a link to the online calendar.

b. If no, please include a paper copy of your school calendar.

2. What is the procedure for instructing students who are regularly transported from home to school on the safety rules and how to respond in an emergency? When was this training done during each of the last four school years? (Date range okay, for example: 9/25/18 – 9/29/18)

3. What is the procedure for instructing students who are NOT regularly transported from home to school on the safety rules and how to respond in an emergency? When was this training done during each of the last four school years?

4. Do you have a different procedure for instructing students with special needs than what is indicated above? If so, what procedures do you use for instructing special education students on the safety rules, and how to respond in an emergency?

Section 5: Transportation Providers:

1. Does the district provide transportation to students in any vehicle owned by the school district? YES NO

If yes, please list all schools, programs, or other locations (except the transportation department) that use district owned vehicles to transport students. An example would be a high school that keeps the type 20 school activity vehicle onsite and controls its use.

2. Are there charter schools in your district? YES NO

If yes, how is transportation provided for charter school students? Unless the transportation plan is the same for all charter schools, please list schools separately.

3. Please list every company that the school district is contracted with for the transportation of students. This transportation would include to and from home, and to and from authorized school activities.

4. If any motor coach (SPAB) companies are identified above:
a. Does the district notify parents that the trip will be done in a motor coach?
YES NO

If yes, how is this done?

- b. Does the district have documentation that emergency evacuation training was completed? YES NO

c. Does the district have documentation of authorized drivers for the motor coach company? YES NO

d. Please list dates that motor coaches were used during the last school year.

--

Section 6: Temporary Drivers

1. Do you use temporary drivers? YES NO

2. What is your process for ensuring temporary drivers (those who have not been issued a school bus certificate) complete the necessary approval through ODE?

3. How do you track driving days for temporary drivers to ensure they do not exceed the 10 driving days allowed on a temporary approval in rule?

Section 7: Drug and Alcohol Testing of Commercial Drivers

4. How many pre-employment drug screens were conducted during the last school year?

5. How many random drug screens were conducted during the last school year?

6. How often are random drug tests conducted?

7. Please list all staff who have received USDOT reasonable suspicion training.

Section 8: Background Checks

1. How does the district track that all non-licensed staff, and contractors who have direct, unsupervised contact with students, have submitted fingerprints for a background check as required in ORS 326.603 and OAR 581-021-0500?

2. How does the district maintain records of fingerprint clearance responses from ODE?

3. How does the district track that fingerprinting has been initiated for classified staff (including contracted employees such as drivers), and how does the district inform the transportation operation that clearances have been sent from ODE?

4. Does the district conduct background checks on volunteers? If so, how is that accomplished?

Section 9: Annual Vehicle Inspections:

1. Please list the name and inspector number of all individuals who have completed an annual inspection on any of your school buses or school activity vehicles during the last school year.

2. If any of the above annual inspectors work for a company other than the district or the district's school bus contractor, please list the business name, address, phone number, email, and web address.

NOTE: These lists should also include any annual inspector that works for another school district that provides services to your school district.

3. Please list any vehicles from the most recent Vehicle Certification List for your location (provided with the notification letter) that are no longer in service as route or spare, identified by license plate number. Attach a copy of the Vehicle Certification List after striking through the rows for the inactive vehicles.

Section 10: School bus and School Activity Vehicle Use:

1. Please list all transportation vehicles (by registration plate or fleet number) that are not used at least 50% of the time for a reimbursable expense.

2. Please list all non-school bus vehicles (by registration plate or fleet number) that transport students to and from school.

Section 11: Vehicle Maintenance:

1. Please list businesses that provide repair or maintenance services to your school buses and school activity vehicles. Business information includes business name, address, phone number, email, and web address. Do not include businesses who provide annual inspection services indicated above.

2. For maintenance and repair that is completed at these other business, how are the repair and maintenance records maintained?

3. Who maintains the vehicle records and how are they stored?

4. Does your operation use an electronic system for vehicle records? If so, will you be able to generate a copy of all existing maintenance records for our specified vehicle inspection list in print or as a PDF?

If your records are electronic, please generate a copy of the maintenance history for the vehicles selected and delivered the morning of the inspection by email from our staff.

5. If your operation uses an electronic system for vehicle records, how is the information & necessary software archived? Is there a redundant backup system to ensure records are not lost?

Section 12: Daily Inspection of Vehicles

1. Please describe the daily inspection procedures.

2. How are daily inspections documented?

3. How are repairs communicated to drivers?

Section 13: Driver Training and Certification:

1. Please list all behind-the-wheel trainers that have trained drivers during the last school year.

2. Assistant trainers:

- a. Please list all assistant trainers that have assisted in driver training during the last school year, if applicable.

- b. What portion of behind-the-wheel training does the assistant trainer assist with?

3. List all certified Core, Core Refresher, and Transporting Students with Special Needs instructors.

4. Please provide contact information for the staff member who coordinates class training for school bus drivers.

5. Do your driver training files include annual driving record check documentation that shows a valid medical (MQ) status?

6. Do you retain transportation related records according to OAR 581-053-0021?

7. Please list any inactive drivers still listed on current school bus & activity driver lists. Any drivers listed here are also required to be reported to ODE as inactive using Form 581-2247-M.

Section 14: Staff & Locations

1. Please indicate staff (district and contractor if applicable) below that assisted with the gathering of this information: (Name – Sections assisted with)

2. Are there any staff who are not listed above that would like to meet with the unit during the onsite visit?

3. For scheduling the onsite visit, who is the best person to contact? Please include name, phone number, email.

4. What is the physical address and/or directions that will help us find the transportation office and bus garage? What is the best phone contact for this location?

5. What is the physical address and/or directions that will help us find the school district office and the location of the fingerprinting records and/or activity driver records?
What is the best phone contact for this office?