BUS DRIVER'S ROUTE EVALUATION FORM

Driver name:	Bus #: _	
Route #	Approximate time driving this route:	
Hazards Have you observed any up or dropping off stude ☐ Yes ☐ No	y significate or unusual hazards while driving this route ents at bus stops?	, or while picking
If "Yes," indicate what h	nazards you have observed:	
Are the any bus stops o	on this route that you believe should be changed?	
	stops:	
Any additional commer	nts about this route?	
Driver signature:	Date:	

Source: School Bus Stops: A Transporter's Safety Guide, PTSI 2005. Form may be copied and used for local use. Not to be copied for re-sale.