**Vehicle # \_\_\_\_\_\_\_ Driver \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Month/Year \_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Route, Activity, Destination** | **Beginning Miles** | **Ending Miles** | **Total Miles** | **Student Count** | **Pre****Trip** | **Post****Trip** | **Fuel** | **Oil** | **Defect****Report** | **Driver Signature** |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |

**Your signature indicates that you are in full compliance of the following:**

1. I have performed a daily pre-trip and a daily post-trip of all items listed on the STU-8 as required per 1 CCR 301-26,4204-R-8.01 and 8.03.

2. I am in compliance with the CDE Maximum Driving Time for School Transportation Vehicle Operators Rules, per 1 CCR 301-26, 4204-16.00