

SVVSD Driver /Trip Sponsor Safety and Evacuation Procedures Certification

Trip # _____

Date _____

As the DRIVER, I _____ certify the following:

Printed Name

- I have performed a self-assessment and feel I am safe and fit to perform my duties as a bus driver on this date.
- I have completed and/or validated that a full and complete pre-trip inspection of the vehicle was performed, and the vehicle is safe to operate in accordance with US DOT, CDE, and SVVSD standards and regulations.
- I will introduce myself to the trip sponsor and note any special instructions.
- I have, or will brief, my passengers on the necessary safety equipment/evacuation procedures prior to our departure from the pick-up location.

If at any time during the trip, I question my ability to safely operate the vehicle I will:

1. Secure the vehicle in a safe location.
2. I will first notify the trip the sponsor; and then contact Transportation Services at **303-702-7530** for assistance.
3. If outside normal school hours, I will contact the On-Call Dispatcher at **303-682-7239**.

Driver Signature

Date

As the TRIP SPONSOR, I _____ acknowledge the following:

Printed Name

- A safety equipment and evacuation procedures briefing was conducted by the driver prior to initial departure; and.
- I feel comfortable with the driver to proceed with the trip.

If at any time you recognize the driver's ability to safely operate the vehicle has become impaired or compromised, or you become uncomfortable, please do the following:

1. If en route, request the driver exit the roadway to a safe location and appropriately secure the vehicle; and.
2. If during normal school hours, please contact Transportation Services at **303-702-7530** for assistance.
3. If outside normal school hours, please contact the On-Call Dispatcher at **303-682-7239** for assistance.

Sponsor Signature

Date

**Sponsor's signature does not create liability for the sponsor if he/she does not detect any issues with the driver and there is an accident.*