

BUS EMERGENCY EVACUATION FORM/EVALUATION

DRIVER SIGNATURE:_____ **DATE:**_____ **VEHICLE #:**_____

Please check if driver conducted drill with no supervision: () Time to complete evacuation:_____

Type of evacuation conducted: Front Door ☐ Side Door ☐ Rear Door ☐ Wheel Chair Lift ☐

I. DRIVER SECTION:

SECURED:

	Yes	No
(a) Parking Brake	<input type="checkbox"/>	<input type="checkbox"/>
(b) Transmission (neutral or park)	<input type="checkbox"/>	<input type="checkbox"/>
(c) Keys (removed)	<input type="checkbox"/>	<input type="checkbox"/>
(d) Use of Lights:		
1. Hazard/Emergency Flashers	<input type="checkbox"/>	<input type="checkbox"/>
2. Overhead – 8 Ways	<input type="checkbox"/>	<input type="checkbox"/>

Gave Adequate Instruction to Student Riders: ☐ ☐

Followed Up With Additional Securement/Aid: ☐ ☐

II. STUDENT SECTION:

Did Students Follow Instructions Given By Driver? ☐ ☐

Did Students Cooperate And Use Seat Rotation Method? ☐ ☐

Were The Door Monitor Assistants In Proper Position? ☐ ☐

Did Students Carry Off Any Personal Items? ☐ ☐

III. LIFT ONLY:

Did Driver/Aide Request Any Outside Assistance? ☐ ☐

DRIVER-SUPERVISOR-EVALUATOR COMMENTS:_____

Did Driver Receive Any Follow-up Briefing Regarding This Drill? ☐ ☐

EVALUATOR'S SIGNATURE:_____

SUPERVISOR'S SIGNATURE:_____