School Bus Driver Checklist

Provided by Harleysville's Loss Control Department

800-523-6344 ext 8100 www.harleysvillegroup.com/losscontrol

CURRENT DRIVER LIST					
NAME	**DOB**	**DRIVER'S LICENSE NUMBER**	**MVR REVIEW DATE**	**DATE EMPLOYED**	**YEARS OF EXPERIENCE**

This information may not address all hazardous conditions at your location
and does not warrant workplace safety or compliance with federal, state or local laws.

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DRIVER'S TRAINING RECORD						
CDL DATE	**STATE REQUIRED TRAINING**		**ROUTE TRAINING**	**ADDITIONAL TRAINING**	**MANUAL RECEIVED**	**BACKGROUND CHECK**
	INITIAL	**RE-CERT.**				

The information provided in this questionnaire was provided by the following person(s):

_____ _____
Signature Date

_____ _____
Signature Date

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