

# School Bus Supervisor's Report of Route Safety Concern



School District: \_\_\_\_\_ Name/Number of Route: \_\_\_\_\_

Bus Company Supervisor: \_\_\_\_\_

## Potential safety concern on route.

- Severe potholes
- Rough road surface
- Insufficient shoulder width
- Debris on road/shoulder
- Protruding/sunken access cover
- Severe drainage problems
- Shrubs/trees interfering with line of sight
- Narrow roads
- Left turn without traffic control device
- Bike ways not clearly marked
- Traffic signal malfunction

- Railroad tracks oblique to angle of traffic
- Sun glare affecting student drop-off/pickup
- Dangerous left turns

## Children at bus stop may be at risk due to:

- Unsafe crossing path to bus door
- Cracked/worn pavements at bus stop
- Suspicious person(s) at bus stop
- Heavy traffic in area of bus stop
- Other: \_\_\_\_\_

## Geographic area where concern exists. (Describe location and attach map, photo or diagram.)

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## Action taken to address concern. (Describe briefly.)

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Bus Company Owner/Safety Manager: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School District Representative: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provide copies of signed form to school district and bus company safety committee.

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FOR BUS COMPANY USE ONLY

## Record of supervisor's involvement.

Name of Supervisor: \_\_\_\_\_

Date Route Safety Concern Report Filed: \_\_\_\_\_

Was a copy of the Route Safety Concern Report given to the school district? .....  Yes  No

Did the action described on reverse side resolve the concern? .....  Yes  No

Was the supervisor's concern presented to the safety committee? .....  Yes  No

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Record of safety committee's involvement.

Results of Safety Committee Review: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Was the supervisor informed of the safety committee's action? .....  Yes  No

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Was the driver informed of the safety committee's action? .....  Yes  No

Driver Signature: \_\_\_\_\_ Date: \_\_\_\_\_