



Employee Number: _____

Transportation Checklist

Employee Name: _____

Computer Number: _____

- | | Yes | No |
|---|-------|-------|
| 1. I have read and understand each of the following policies and procedures: | _____ | _____ |
| a) Use of Facility Vehicles | _____ | _____ |
| b) Scheduling of Facility Vehicles | _____ | _____ |
| c) Transportation of Residents in Facility Vehicles | _____ | _____ |
| d) Maintenance of Vehicles | _____ | _____ |
| e) Transportation Guidelines for Inclement Weather | _____ | _____ |
| f) Operating the Van Wheelchair Lifts | _____ | _____ |
| g) Emergency Information Cards | _____ | _____ |
| h) Fueling Transactions for Facility Managed Vehicles | _____ | _____ |
| i) Driver Qualifications | _____ | _____ |
| j) Cellular phones | _____ | _____ |
| 2. I have received an inservice on each vehicle | _____ | _____ |
| 3. I know the location and/or function of each of the following: | | |
| a) Log book | _____ | _____ |
| b) Tie downs | _____ | _____ |
| c) Wheelchair lifts | _____ | _____ |
| d) First-aid kit and supplies | _____ | _____ |
| e) Emergency triangles/emergency camera | _____ | _____ |
| f) Fire extinguishers | _____ | _____ |
| g) Cell phones | _____ | _____ |
| i) Hidden key | _____ | _____ |
| 4. Location of the master calendar and where the keys are located. | _____ | _____ |
| 5. I understand that any tickets or violations are the drivers' responsibility. | _____ | _____ |
| 6. I have completed the "Release to Check Motor Vehicle License Records". | _____ | _____ |
| 7. I understand as a driver, it is my responsibility not the staff who are going with me to see that each resident is properly secured with the proper tie downs or seat belt and that the lifts are used properly. | _____ | _____ |

Date of CPR Training: _____ Date of First Aid Training: _____

Proof of Insurance provided: Yes _____ No _____

Employee License Number: _____ D.O.B. _____ Expiration date: _____

Signature of Employee/Title

Computer No. Date

Signature of Orientor/Title

Computer No. Date