

Suggestions for Hiring a SPAB Operator

The following are suggestions a school district should consider when hiring a charter company to transport students. It is not meant to be an all inclusive checklist. SIA welcomes comments and suggestions for additional items. Please contact the Prevention Services Department at (916) 364-1281 or info@sia-jpa.org.

Motor Carrier Company Information

- _____ Recent copy of Motor Carrier's Terminal inspection (within 13 months)
Vendor shall have maintained a satisfactory California Highway Patrol Motor Carrier inspection rating for the last twelve (12) months, and that rating will be available to the district at any time.
- _____ After hours company office contact and phone number
- _____ List of current school bus or SPAB certified drivers employed by the vendor.
Drivers must be certified as School Bus Drivers or School Pupil Activity bus drivers.
- _____ List of SPAB certified buses in the fleet, identifying them by bus number, license number, VIN number and the last inspection date by CHP for each bus
- _____ Drug and Alcohol Testing Program (to ensure they have one)

Driver Information

- _____ Copy of driver license
- _____ Copy of School Pupil Activity Bus (SPAB) driver certificate
- _____ Copy of medical certificate (medical form and drivers card)
- _____ First aid card if applicable
- _____ Log book hours/last 24 hours/last 7 days

Bus Information

- _____ 292 Card Certification date
- _____ Vehicle No. /PUC No. /DOT No.

_____ Vehicle License Number

_____ Vehicle Registration

_____ Proof of Insurance

_____ Overall condition of bus

Insurance

_____ Obtain a Certificate of Insurance showing the following minimum coverage:

- a) Type of Policy: Comprehensive Automobile and General Liability Insurance, including Personal Injury Liability and Contractual Liability.
- b) Limits of Liability for Vehicles: \$5,000,000 Combined Single Limit for Bodily Injury Liability and Property Damage Liability
- c) Additional Insured: The school district shall be named as an Additional Insured on a primary basis with such insurance, not reduced by any other insurance, available to them.

_____ Obtain a document that indicates A.M. Best's Rating of the Insurance Carrier that meets a minimum rating of A-9 or better.

District school/department/group responsibilities

_____ Notify Transportation Department of proposed trip

Information on trip should include:

_____ Trip date

_____ School

_____ Teacher(s)

_____ Trip destination(s) with address(es) and phone number(s)

_____ Trip departure time

_____ Trip arrival time at destination

_____ Trip departure time from destination

_____ Trip arrival time back at the school

_____ Number of students/names/phone numbers

_____ Number of chaperones/names/phone numbers

_____ Number of buses

_____ Rest stops, lunch stop, dinner stop location(s)

_____ Special needs for students with disabilities or on special medication

_____ Provide teachers/chaperones telephone number of school/district/Transportation Department contact and an after hours contact person in case of emergency, breakdown or return time delay.