



SAFETY SURVEY

This survey is confidential and will be used to help us better serve the students we transport. The Teamsters are committed to driving up safety standards on our school buses. Please include your name and contact information if you would like to be involved in this effort.

Name: _____ Cell Phone: _____

Email: _____ Date: _____

Would you like to sign up to receive text message updates? Yes No *Standard message and data rates apply.*

**ALL QUESTIONS BELOW REFER TO YOUR EXPERIENCES DURING
THE LAST FULL SCHOOL YEAR TO THE PRESENT.**

PERSONAL INFORMATION

1. Bus Company: _____

2. School District: _____

3. City: _____ State: _____

4. Local Union # (if applicable): _____

GENERAL INFORMATION/BACKGROUND

1. Are you a: Regular Education Driver Special Education Driver Monitor

2. How many years have you worked in transportation at your current school district? _____

3. How many years have you worked at your current employer? _____

4. How many years old is the bus you drive daily? _____

5. How many years old is the oldest bus you have driven or monitored at your current employer? _____

SAFETY/MECHANICAL FUNCTIONS

1. Have you been asked to drive or monitor a bus that you believed to be unsafe? Yes No

If yes, please describe the problems that made you believe the bus to be unsafe: _____

2. Approximately how many times have you been asked to drive or monitor a bus you believed to be unsafe during the most recently finished school year? (check all that apply)

- More than 10 times 6-10 times 1-5 times Never

3. Have you experienced any of the following mechanical malfunctions? (check all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Air Suspension | <input type="checkbox"/> Exhaust leaks | <input type="checkbox"/> Roof leaks |
| <input type="checkbox"/> Backdoor leaks | <input type="checkbox"/> Faulty brakes | <input type="checkbox"/> Speedometer |
| <input type="checkbox"/> Blinker failure | <input type="checkbox"/> Floor leaks | <input type="checkbox"/> Steering |
| <input type="checkbox"/> Brake lights | <input type="checkbox"/> Headlights | <input type="checkbox"/> Stop Arm |
| <input type="checkbox"/> Broken air conditioners | <input type="checkbox"/> Interior/exterior holes | <input type="checkbox"/> Tail Lights |
| <input type="checkbox"/> Broken heaters | <input type="checkbox"/> Interior/exterior rusting of parts | <input type="checkbox"/> Tires |
| <input type="checkbox"/> Defroster | <input type="checkbox"/> Mirrors | <input type="checkbox"/> Turn Signal |
| <input type="checkbox"/> Doors unable to close properly | <input type="checkbox"/> Radios | <input type="checkbox"/> Window leaks |
| <input type="checkbox"/> Emergency indicators | <input type="checkbox"/> Reverse Beeper/Light | <input type="checkbox"/> Windshield Wipers |

4. Has a parent complained to you about the condition of your bus? Yes No

If yes, please explain the concerns: _____

5. Have you been in an accident in your bus due to mechanical malfunctions? Yes No

If yes, please describe what caused the accident: _____

6. Have you had a bus break down with students on the bus? Yes No

If yes, what caused the breakdown? _____
What was the wait time for another bus to arrive to transport the students? _____

7. What is the posted capacity for your bus? _____

8. Have you been required to transport more students than the maximum bus capacity? Yes No

9. Have you worked when you felt ill? Yes No

How many times have you been required to work when you were ill in the past school year?

(check all that apply) More than 10 times 6-10 times 1-5 times Never

Have you ever felt fear of retribution or termination if you called in sick? Yes No

Have financial concerns ever stopped you from calling in sick? Yes No

SERVICE DISRUPTIONS

1. Have you experienced service disruptions for any of the following reasons: (check all that apply)

- Mechanical/equipment failures Poor routing Student misbehavior Traffic delays
 Understaffing Weather Other – please specify: _____

2. How frequently have you experienced school bus service disruptions?

- Every day 1-3 times/week 1-3 times/month Infrequently Never

TRAINING

1. Did you receive initial training through: *(check all that apply)*

- Company District State Previous company Other: _____

2. If you are a driver, are you air-brake certified? Yes No

3. Have you ever been required to handle bodily fluids, without proper training or company provided supplies?

- Yes No

4. Are you provided with training throughout the school year? Yes No

If yes, are the additional trainings mandatory? Yes No

Are you paid for mandatory training? Yes No

How many hours of additional training do you receive? _____ hrs

Does your training happen only during monthly safety meetings? Yes No

What does the additional training consist of? _____

What additional training you would like to receive? _____

IF YOU ARE (OR HAVE EVER BEEN) A DRIVER OR MONITOR OF STUDENTS WITH SPECIAL NEEDS, PLEASE COMPLETE THIS SECTION.

TRANSPORTING STUDENTS WITH SPECIAL NEEDS

1. How many monitors are on your bus? _____

2. Have you been told to transport students with special needs without the required monitors on board?

- Yes No

If yes, why was a monitor not on the bus? _____

3. Have you received any of the following certification? *(check all that apply)*

- Basic First Aid CPR Other, please list: _____

If yes, is your certification current? Yes No

4. Have you received any training in Positive Behavior Intervention Supports (PBIS)? Yes No

5. Have you received training in the operation of the specialized equipment on your bus?

- Car Seats Child Safety Restraint System Wheelchair Lift Wheelchair Tie-downs

Other: _____

If yes, did you get to personally operate each piece of equipment? Yes No

6. Are you provided with Individualized Education Program (IEP) information for students with disabilities on your school bus route? Yes No

Are you provided with specialized training on how to respond to your students' specific needs based on their IEP? Yes No

If yes, please describe the areas of specialized training you have received: _____

7. Have you transported students with special needs in the last full school year without being informed about their individual characteristics? Yes No

8. Have you been involved in an incident where a student's safety was at risk because you were not informed of their individual needs?

If yes, please explain the circumstances: _____

9. Have you transported a special needs student whose ride-time was more than one hour? Yes No

If yes, what was the reason? (check all that apply)

Distance/Route Length Mechanical malfunction Student discipline issue Traffic

Other: _____

10. Have you experienced any of the following safety equipment malfunctions? (check all that apply)

Car Seats Child Safety Restraint System Wheelchair Lift Wheelchair Tie-downs

Other: _____

11. Have you transported a student on a bus that didn't have the equipment needed to meet the student's special needs? Yes No

If yes, please explain the circumstances: _____

SAFETY SUGGESTIONS

Do you have any suggestions that would improve safety at our yard? (continue on back, if necessary)

PLEASE RETURN THIS SURVEY TO YOUR TEAMSTER REPRESENTATIVE

www.driveupstandards.org • www.teamster.org