

**EXHIBIT THREE**

**BEAUFORT COUNTY SCHOOLS  
PRE-TRIP CHECKLIST**



School: \_\_\_\_\_ Trip Supervisor: \_\_\_\_\_

Bus Company: \_\_\_\_\_ Driver: \_\_\_\_\_

Vehicle ID #: (Bus # or last five digits of VIN #) \_\_\_\_\_ Date: \_\_\_\_\_

Destination: \_\_\_\_\_

**OPERATIONAL (Trip Supervisor)**

- \_\_\_\_\_ Prior to the day of the trip, review the terms of the contract. Take a copy of the contract on the trip.  
Note: Emergency contact name and phone number should be in the contract.
- \_\_\_\_\_ Check to make sure that the bus company that arrives is the one that was contracted with for this trip. If any bus is not from that company, ensure that the buses assigned are valid subcontractors on the list of pre-qualified vendors provided by the school system.
- \_\_\_\_\_ Make sure that the proper number of buses and drivers are present, *as stipulated in the contract for the trip.*

**VEHICLE (Trip Supervisor or Designee)**

- | OK    | Needs<br>Repair |   |
|-------|-----------------|---|
| _____ | _____           | Windows/Windshield  |
| _____ | _____           | Headlights (high beam/low beam)   |
| _____ | _____           | Tail lights/Brake lights  |
| _____ | _____           | Tires (No Slick Tires)  |
| _____ | _____           | Unusual oil/grease leaks at wheel seal                                      |
| _____ | _____           | Walk around vehicle and listen for air leaks while driver applies the brake |
| _____ | _____           | Copy of the Annual Safety Inspection (either sticker or paper)              |
| _____ | _____           | Interior Lights   |
| _____ | _____           | Emergency Exits   |
| _____ | _____           | Horn  |
| _____ | _____           | Fire extinguisher (charged)   |

**DRIVER INFORMATION (Trip Supervisor or Designee)**

- \_\_\_\_\_ Valid Commercial Drivers License with a P (passenger) endorsement
- \_\_\_\_\_ Valid Medical Certificate (pocket card)
- \_\_\_\_\_ Driver's Record of Duty Status (Log Book)
- \_\_\_\_\_ Copies of the previous seven (7) days record of duty status for each driver.
- \_\_\_\_\_ Vehicle registration card to ensure that vehicle is authorized to operate in the states of the trip.
- \_\_\_\_\_ Make sure that the license plate and VIN # matches the registration card.

I the undersigned state that I have not driven for more than (10) hours without taking a (8) hour break. I furthermore state that I have not been on duty for more than (15) hours (part time driving, part time non-driving time) without taking an (8) hour consecutive break and am not taking any prescription drugs that may interfere with the safe operation of the vehicle for which I am driving. I also state that the vehicle of which I will be driving for this specific trip conforms to all N.C. Motor Vehicle Laws in addition to Federal Carrier Safety Regulations.

\_\_\_\_\_  
Driver Signature

\_\_\_\_\_  
Date

I, the undersigned, have verified all the items listed above are in order and that the company listed is on the Approved list for Beaufort County Schools.

\_\_\_\_\_  
Signature of Person Conducting Checklist Review

\_\_\_\_\_  
Date