

SCHOOL PUPIL ACTIVITY BUSES (SPAB) MANUAL

SPAB (School Pupil Activity Buses) are commercial buses hired by a district to transport students. They are required to adhere to stricter regulations than non-student charter trips.*



Before hiring a SPAB, the following steps must be taken:

1. Check with your district transportation department on the availability/feasibility of district transportation.
2. Secure permission from your district to pursue the use of a SPAB.
3. The company must be on the pre-approved list annually provided by the NCSIG.

Follow the directions listed in this manual.

- * Be aware that while the bus is being used as a SPAB that students cannot stand while the bus is in motion (VC Section 545)

RISK MANAGEMENT

School-Chartered Buses (School Pupil Activity Buses - SPAB)

The NCSIG will establish guidelines regarding use of school-chartered buses.

The NCSIG will annually develop a list of pre-approved charter bus companies.

Companies not on the pre-approved list are not eligible to provide service for NCSIG school districts.

School-Chartered Buses

Annually the NCSIG will send districts a list of pre-approved potential vendors to charter buses. The districts may request companies to be added to the list.

If a district wishes to use a company that is not on the pre-approved list, the district may request that the company be reviewed for pre-approval by the NCSIG. Request for approval must be received at least 60 days prior to the date of the trip.

District Level Responsibilities:

Before the trip the **requestor** will:

- Receive administrative approval.
- Send the transportation department and vendor an itinerary with a listing of all stops (this will allow the vendor to ensure the SPAB drive can complete the trip in the legal amount of hours).

Before the trip the **district** will:

- Review purpose/goal/itinerary of the trip.
- Approve/disapprove the request.
- Ensure the SPAB company is on the pre-approved list.
- Notify the transportation department.
- Assign the day of trip inspector.
- Send the vendor a list of the items the district will check on the day of the trip.
- Forward the SPAB packet to the requestor.

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OVERALL GUIDELINES

The day of the trip the **inspector** will:

- Check general condition to the SPAB bus.
- Confirm the vehicle registration is the same as the CHP 292 form.
- Review the driver's –
 - California driver's license
 - SPAB certificate
 - Medical card (DL51A)
 - Log Book
- Ensure the driver has the final trip itinerary.
- Ensure the driver can complete the trip in the amount of legally allowed hours.

The day of the trip the **teacher** will:

- Confirm the permission forms are present.
- Confirm the medical release forms are present.
- Confirm the first aid kit is present.
- Ensure the emergency evacuation procedures were explained.

PRE-TRIP CHECKLIST

Date _____

District Inspector _____

Inspect Vehicle

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

VEHICLE INSPECTION SHEET

The district will designate an employee to notify the motorcoach company of the documentation that is required on the day of the trip.

Example:

This is to confirm our trip with your company:

District: _____

Date(s) of trip: _____

Destination: _____

Please be aware that the following documentation will be reviewed on the day of the trip. Guarantee that your driver brings the following:

- CHP 292
- Driver's California Drivers License
- Drivers SPAB
- Driver's Medical Card DL 51A
- Driver or bus log book

This review will take 10 to 15 minutes per vehicle. Please plan the vehicle(s) arrival accordingly.

If you have any questions, you can contact me at.....

Sincerely,

LIST OF ITEMS DISTRICT WILL CHECK DAY OF TRIP

CHP 292

Description – The 292 is a form that shows the California Highway Patrol has inspected the vehicle and found it complies with applicable laws and regulations.

Review –

1. Ask the driver for the VIN location.
2. The Vehicle Identification Number (VIN) on the motorcoach matches the one on the 292.
3. The date certified is within 13 months of the day of the trip.

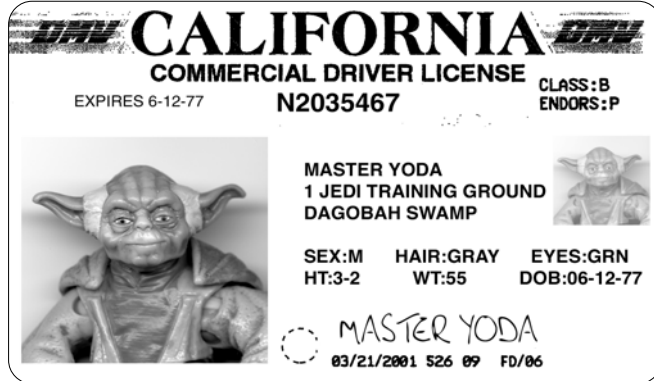
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL					
INSPECTION APPROVAL CERTIFICATE					
CHP 292 (Rev 6-89) OPI 062		<input type="checkbox"/> School Bus	<input type="checkbox"/> School Pupil Activity Bus	<input type="checkbox"/> Farm labor vehicle	
		<input type="checkbox"/> Wheelchair School Bus	<input type="checkbox"/> Youth Bus	<input type="checkbox"/> General Public Paratransit Vehicle	
YEAR	MAKE	VEHICLE IDENTIFICATION NUMBER		VEH. LICENSE NO.	COMPANY I.D. NO.
OWNER'S NAME		ADDRESS			CONTRACTOR/TCP NO.
<i>This certifies that on the date entered below, an authorized employee of the California Highway Patrol inspected the vehicle described herein and found it complied with applicable laws and regulations relating to construction, design, and equipment.</i>					
SIGNATURE		I.D. NUMBER	LOC. CODE	DATE CERTIFIED	STICKER NO.
1. NOTICE: The passenger capacity of the vehicle described when used as a school bus, school pupil activity bus, youth bus, or farm labor vehicle is _____ passengers in installed seating and _____ passengers in wheelchairs and driver.			1. NOTICIA: La capacidad de pasajeros del vehículo descrito aquí dentro cuando es usado como autobús de escuela, autobús de actividad estudiantil, autobús de jóvenes, o vehículo de trabajadores agrícolas es _____ pasajeros en sillas instaladas y _____ pasajeros en sillas de ruedas y manejero.		
2. It is unlawful to drive this vehicle unless this certificate has been validated within the preceding 13 months.			2. Es contra la ley de manejar este vehículo a menos que este certificado se haya validado dentro de los 13 meses precedados.		
3. This certificate shall be posted in plain sight in the driver's compartment of the vehicle.			3. Este certificado debe ser postado a vista en el compartimiento del manejero del vehículo.		
<i>This certificate is the property of the Department of California Highway Patrol.</i>					
Use previous editions except for Youth Bus, Wheelchair Bus and G.P.P.V.					

CA DL/MEDICAL CARD/SPAB CERTIFICATE

California Driver's License

Review –

1. The date is valid.
2. The license must be a class A or B.
3. Review the back of license for any restrictions



Medical Examiners Certificate

Description – This card verifies that the driver has passed a physical determining they are fit to drive.

Review –

1. The name and driver's license number on the medical card must match the driver's license.
2. It is complete (Medical examiner's signature, certificate is dated within the last two years)

MEDICAL EXAMINER'S CERTIFICATE

I certify that I have examined the driver named below in accordance with the Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and with knowledge of his or her duties, I find him or her qualified under the regulations. A completed examination form for this person is on file in my office.

Qualified only when wearing: Corrective lenses. A hearing aid.

Qualified by operation of 49 CFR 391.64 (special exemption for drivers who were in 1992-1996 federal vision/diabetes pilot study).

Medically unqualified unless accompanied by a _____ waiver.

Medically unqualified unless driving within an exempt intracity zone.

DRIVER LICENSE NO. _____

DRIVER'S NAME (Print) _____

----- (FOLD HERE) -----

DRIVER'S ADDRESS _____

MEDICAL EXAMINER'S NAME/TITLE _____

MEDICAL EXAMINER'S PHONE NO. _____

MEDICAL EXAMINER'S LICENSE OR CERTIFICATION NO. _____

STATE IN WHICH LICENSED _____

MEDICAL EXAMINER'S SIGNATURE _____

X

DL 51A (REV. 9/97)

STATE OF CALIFORNIA
DMV
DEPARTMENT OF MOTOR VEHICLES
A Public Service Agency

DRIVER'S MEDICAL EXAM DATE _____

DRIVER'S MEDICAL CERT. EXPIRES ON _____

DRIVER'S SIGNATURE _____

X

----- (FOLD HERE) -----

NOTE: Driver must keep this card in his or her possession at all times while driving. This card is valid only if there is a current medical examination report on file with DMV. This card cannot be submitted to DMV in lieu of a Medical Examination Report (DL 51).

DL 51A (REV. 9/97)


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CA DL/MEDICAL CARD/SPAB CERTIFICATE

SPAB Certificate

Description - Special California certificate authorizing the driver to transport students.

Review - The driver's license number coincides with the driver's license number listed and is current.

CALIFORNIA SPECIAL DRIVER CERTIFICATE		
DATE OF BIRTH MONTH DAY YEAR	EXPIRES BIRTHDAY	DRIVER LICENSE NO.
6-12-77	2006	N2055038
FULL NAME		
Master Yoda		
STREET NUMBER		
1 Jedi Training Ground		
CITY		
Dagobah Swamp		
SIGNATURE OF LICENSEE		
Master Yoda		CHP AREA
Valid only for the vehicles listed and when accompanied by an appropriate valid California driver license.		125
SCHOOL BUS - SPAB - FARM LABOR - YOUTH BUS - GPPV - OTHER		
RESTRICTION(S):		
DATE ISSUED:		
DL 45 (REV. 11/96) 4-14-01		

Log Book

Description - The log book documents the drivers hours.

Review -

1. Can the driver complete the trip within the necessary hours to complete the trip? Keep in mind the hours that they drove to get the bus to your school counts. Rest periods are also required.

Title 13-1212.5(a)(3)

A driver can not drive more than 10 hours without taking an 8 consecutive hour break. A driver can not drive after having been on duty 16 hours (part driving time, part non-driving time) without taking an 8 consecutive hour break. A driver can not drive after having been on duty 60 hours in a 7 day period or 70 hours in an 8 day period if operating vehicles every day of the week.

Inside the state of California the state rule is 10/16.

Outside the state of California the state rule is 10/15.

DRIVER'S DAILY LOG <small>(ONE CALENDAR DAY - 24 HOURS)</small>		<small>ORIGINAL— FILE EACH DAY AT HOME TERMINAL DUPLICATE— DRIVER RETAINS IN HIS POSSESSION FOR ONE MONTH</small>
<u>5</u> <small>(MONTH)</small>	<u>12</u> <small>(DAY)</small>	<u>2002</u> <small>(YEAR)</small>
<u>372</u> <small>(TOTAL MILEAGE TODAY)</small>		<u>76</u> <small>VEHICLE NUMBERS - (SHOW EACH UNIT)</small>
<u>372</u> <small>(TOTAL MILES DRIVING TODAY)</small>		<u>Tom Jones</u> <small>DRIVER'S SIGNATURE IN FULL)</small>
<u>Anytime VSA</u> <small>(NAME OF CARRIER OR CARRIERS)</small>		<u>0</u> <small>(NAME OF CO-DRIVER)</small>
<u>31 Spring Street, Redding</u> <small>(MAIN OFFICE ADDRESS)</small>		<u>Same</u> <small>(HOME TERMINAL ADDRESS)</small>

I certify these entries are true and correct:

	<small>MID-NIGHT</small>	1	2	3	4	5	6	7	8	9	10	11	<small>NOON</small>	1	2	3	4	5	6	7	8	9	10	11	Total Hours		
1: OFF DUTY																											11
2: SLEEPER BERTH																										NA	
3: DRIVING																										10	
4: ON DUTY (Not Driving)																										3	
REMARKS	<small>MID-NIGHT</small>	1	2	3	4	5	6	7	8	9	10	11	<small>NOON</small>	1	2	3	4	5	6	7	8	9	10	11			

Shipping document, manifest number, or name of a shipper and commodity, information required by Section 395.8 (f) (11).
Check the time and enter name of place you reported and where released from work and when and where each change of duty occurred. Explain excess hours.

From: Redding, CA To: San Jose & Return
(STARTING POINT OR PLACE) (DESTINATION OR TURN AROUND POINT OR PLACE)