

PENNSYLVANIA SCHOOL BUS DRIVER RECERTIFICATION SKILLS TEST

PLEASE TYPE OR PRINT IN BLUE OR BLACK INK ALL INFORMATION



pennsylvania
DEPARTMENT OF TRANSPORTATION

Bureau of Driver Licensing • P.O. Box 68684 • Harrisburg, PA 17106-8684

Driver Name: _____ Driver Number: _____

Driver E-mail: _____

Instructor: _____ Instructor Number: _____

I.U. Number: _____ School District/Contractor: _____

Recertification Date: _____ Class of Bus: _____

SAFETY EQUIPMENT CHECKS

(*AUTOMATIC FAILURE)

Lighting System

- 8 - way lighting system
- Headlights
- Turn signals
- Stop lights
- Hazard warning system
- Tail lights
- ID & side marker lights

Safety Equipment

- Fire extinguisher
- First aid kit
- Pry bar
- Portable emergency warning devices

Vehicle Equipment

- Tires
- Emergency exits
- Condition & mounting of seats

Brake Checks

- * Failure to correctly perform air brake check
- Service brake (air/hydraulic)
- Emergency brake

Comments: _____

 PASS PREVIOUSLY PASSED FAIL DID NOT TEST

The signatories below hereby certify under penalty of law that the information contained herein is true and correct. WARNING: **Falsification** to authorities is a misdemeanor of the third degree punishable by a fine of up to \$2,500 and/or imprisonment up to 1 year (18 Pa. C.S. Section 4904(b)).

DRIVER'S SIGNATURE _____

DATE _____

TELEPHONE NUMBER: _____

INSTRUCTOR'S SIGNATURE _____

DATE _____

ID NUMBER: _____

ACTUAL OR SIMULATED STUDENT DISCHARGE

*AUTOMATIC FAILURES ARE LISTED IN BOLD TYPE

- 150'-300' activate amber lights
- Traffic Check
- Complete stop, apply parking brake, transmission in neutral
- Open door slightly, activating red lights and stop arm
- Traffic Check
- Open door completely
- Check all mirrors around bus
- Shut door
- Check mirrors, put transmission in gear, release brake
- Check child safety, recheck mirrors, proceed

Comments: _____

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DRIVER'S SIGNATURE _____

DATE _____

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INSTRUCTOR'S SIGNATURE _____

DATE _____

ID NUMBER: _____

Skills Continued on Reverse Side

Driver Name: _____ Driver Number: _____

ACTUAL OR SIMULATED RAILROAD CROSSING

***AUTOMATIC FAILURES ARE LISTED IN BOLD TYPE**

- | | |
|---|---|
| <input type="checkbox"/> Activate 4 ways | <input type="checkbox"/> Look and listen |
| <input type="checkbox"/> Stop between 15' - 50' from nearest rail, pull up to see | <input type="checkbox"/> Close door |
| <input type="checkbox"/> Apply parking brake, transmission in neutral | <input type="checkbox"/> Put in gear, release parking brake |
| <input type="checkbox"/> Open door/window | <input type="checkbox"/> Proceed, no shift |
| <input type="checkbox"/> Turn off any AM - FM, 2-way, or CB radio, or any other noise emitting device | <input type="checkbox"/> Deactivate 4 - ways |

Comments: _____

- PASS** **PREVIOUSLY PASSED** **FAIL** **DID NOT TEST**

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DRIVER'S SIGNATURE _____ DATE _____
 TELEPHONE NUMBER: _____

INSTRUCTOR'S SIGNATURE _____ DATE _____
 ID NUMBER: _____

DRIVING SKILLS

- | | | | |
|---|---|---|---|
| <p>1. Stopping - minimum of <u>two</u> stops</p> <ul style="list-style-type: none"> <input type="checkbox"/> <input type="checkbox"/> traffic check <input type="checkbox"/> <input type="checkbox"/> deceleration, no coast <input type="checkbox"/> <input type="checkbox"/> gap, stop line, full stop <p>2. Starting - minimum of <u>two</u> starts</p> <ul style="list-style-type: none"> <input type="checkbox"/> <input type="checkbox"/> traffic check <input type="checkbox"/> <input type="checkbox"/> gear changes as necessary <input type="checkbox"/> <input type="checkbox"/> accelerates smoothly <p>3. Turning - minimum of <u>two</u> left turns, <u>two</u> right turns</p> <table border="0"> <tr> <td style="vertical-align: top;"> <p>left</p> <ul style="list-style-type: none"> <input type="checkbox"/> <input type="checkbox"/> traffic check <input type="checkbox"/> <input type="checkbox"/> signal, deceleration, no coast <input type="checkbox"/> <input type="checkbox"/> both hands, correct speed <input type="checkbox"/> <input type="checkbox"/> correct lane </td> <td style="vertical-align: top;"> <p>right</p> <ul style="list-style-type: none"> <input type="checkbox"/> <input type="checkbox"/> traffic check <input type="checkbox"/> <input type="checkbox"/> signal, deceleration, no coast <input type="checkbox"/> <input type="checkbox"/> both hands, correct speed <input type="checkbox"/> <input type="checkbox"/> correct lane </td> </tr> </table> | <p>left</p> <ul style="list-style-type: none"> <input type="checkbox"/> <input type="checkbox"/> traffic check <input type="checkbox"/> <input type="checkbox"/> signal, deceleration, no coast <input type="checkbox"/> <input type="checkbox"/> both hands, correct speed <input type="checkbox"/> <input type="checkbox"/> correct lane | <p>right</p> <ul style="list-style-type: none"> <input type="checkbox"/> <input type="checkbox"/> traffic check <input type="checkbox"/> <input type="checkbox"/> signal, deceleration, no coast <input type="checkbox"/> <input type="checkbox"/> both hands, correct speed <input type="checkbox"/> <input type="checkbox"/> correct lane | <p>4. Merging (actual or simulated)</p> <ul style="list-style-type: none"> <input type="checkbox"/> traffic check <input type="checkbox"/> signal, correct spacing <input type="checkbox"/> merge, cancel signal <p>5. Drive through intersections - minimum of <u>two</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> <input type="checkbox"/> traffic check <input type="checkbox"/> <input type="checkbox"/> yield if necessary <input type="checkbox"/> <input type="checkbox"/> no gear change <p>6. Driving</p> <ul style="list-style-type: none"> <input type="checkbox"/> smooth lane changes <input type="checkbox"/> correct lane positioning <input type="checkbox"/> keeps up with traffic flow, maintains steady speed <input type="checkbox"/> correct following distance <input type="checkbox"/> signaling |
| <p>left</p> <ul style="list-style-type: none"> <input type="checkbox"/> <input type="checkbox"/> traffic check <input type="checkbox"/> <input type="checkbox"/> signal, deceleration, no coast <input type="checkbox"/> <input type="checkbox"/> both hands, correct speed <input type="checkbox"/> <input type="checkbox"/> correct lane | <p>right</p> <ul style="list-style-type: none"> <input type="checkbox"/> <input type="checkbox"/> traffic check <input type="checkbox"/> <input type="checkbox"/> signal, deceleration, no coast <input type="checkbox"/> <input type="checkbox"/> both hands, correct speed <input type="checkbox"/> <input type="checkbox"/> correct lane | | |

Comments: _____

- 7. Automatic Failures ONLY**
- Any Traffic Offense**
 - Running Over Curb/Walk**
 - Any Preventable Accident**

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 ID NUMBER: _____

The instructors who conducted the evaluation are Department - certified instructors.