

## **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](mailto: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.