ChecklistGuro

# Public Transport Driver Fitness & Licensing Checklist Template

## Driver Personal Information

Verification of driver identification and contact details.

**Driver's Full Name**

Write something...

**Employee ID**

Enter a number...

**Date of Birth**

Enter date...

**Gender**

- [ ] Male
- [ ] Female
- [ ] Other

**Emergency Contact Name**

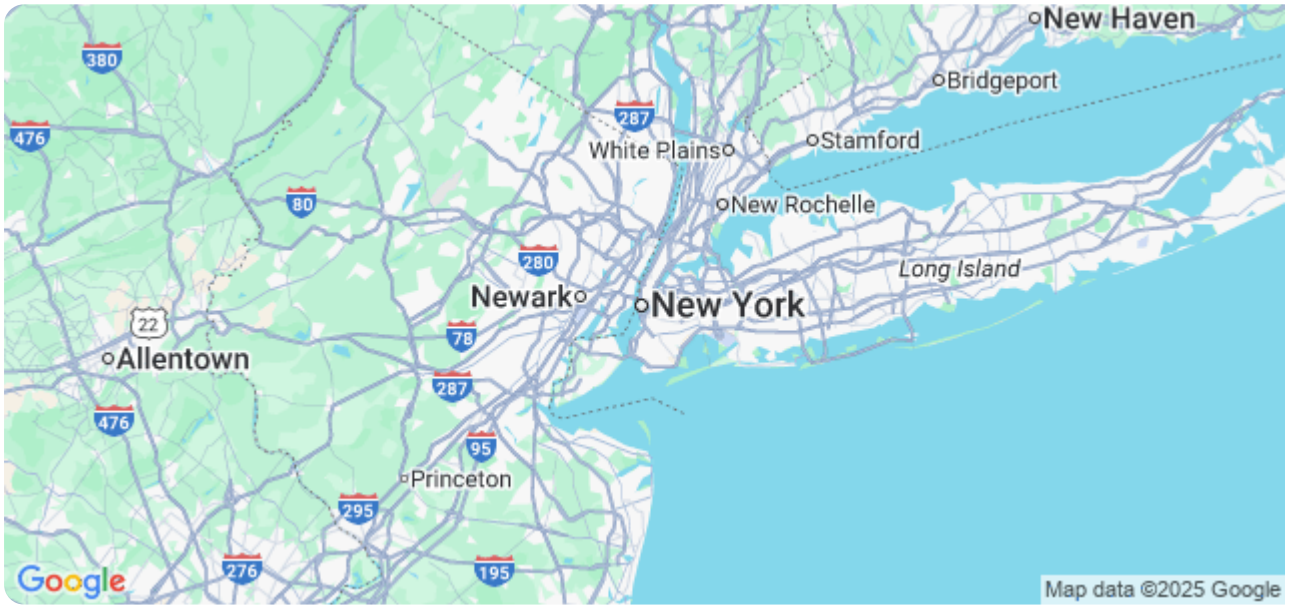
Write something...

**Emergency Contact Phone Number**

Write something...

**Permanent Address**

Set My Current Location




# Driver's License Validity

Confirmation of license type, expiry date, and endorsements.

**License Expiry Date**

Enter date...

**License Number**

Enter a number...

**License Type**

- [ ] Class A
- [ ] Class B
- [ ] Class C
- [ ] Other

**License Endorsements**

- [ ] Passenger (P)
- [ ] Commercial (CDL)
- [ ] Hazardous Materials (H)
- [ ] Tanker (N)
- [ ] Doubles/Triples (T)

**License Status**

- [ ] Valid
- [ ] Suspended
- [ ] Revoked
- [ ] Restricted

**Issuing State/Province**

Write something...

# Medical Fitness Assessment

Review of medical certificate, eyesight test results, and any reported medical conditions.

**Medical Examination Date**

Enter date...

**Medical Certificate Expiry Date**

- [ ] Valid
- [ ] Expired
- [ ] Expiring Soon

**Visual Acuity (Right Eye)**

Enter a number...

**Visual Acuity (Left Eye)**

Enter a number...

**Medical Conditions/Restrictions (if any)**

Write something...

**Hearing Impairment?**

- [ ] No
- [ ] Yes - Mild
- [ ] Yes - Moderate
- [ ] Yes - Severe

**Upload Medical Certificate**

Upload File

# Drug & Alcohol Testing Records

Verification of recent drug and alcohol testing results and compliance.

**Last Drug Test Date**

Enter date...

**Last Alcohol Test Date**

Enter date...

**Drug Test Result (e.g., ng/mL)**

Enter a number...

**Alcohol Test Result (e.g., BAC %)**

Enter a number...

**Drug Test Result**

- [ ] Negative
- [ ] Positive
- [ ] Invalid

**Alcohol Test Result**

- [ ] Pass
- [ ] Fail
- [ ] Invalid

**Lab Report (Optional)**

Upload File

## Training & Certification Records

Confirmation of required training completion (e.g., defensive driving, first aid, disability awareness).

**Defensive Driving Course Completion Date**

Enter date...

**First Aid/CPR Certification Expiry Date**

Enter date...

**Disability Awareness Training Completion Date**

Enter date...

**Specific Vehicle Type Training (e.g., Electric Bus, Articulated Bus)**

- [ ] Standard Bus
- [ ] Articulated Bus
- [ ] Electric Bus
- [ ] Double Decker Bus

**Hours of Driver Refresher Training Completed (in last year)**

Enter a number...

**Type of Passenger Assistance Training**

- [ ] Basic Assistance
- [ ] Advanced Assistance

**Copy of Driver Certification(s)**

Upload File

# Company Policy Compliance

Adherence to company regulations regarding working hours, breaks, and vehicle operation.

**Working Hours Adherence**

- [ ] Compliant
- [ ] Minor Deviation
- [ ] Significant Deviation

**Break Time Taken (Minutes)**

Enter a number...

**Last Policy Acknowledgement Date**

Enter date...

**Mobile Phone Usage Policy**

- [ ] Compliant
- [ ] Minor Infraction
- [ ] Major Infraction

**Any deviations from standard procedure? (If applicable)**

Write something...

**Uniform Compliance**

- [ ] Compliant
- [ ] Minor Infraction
- [ ] Major Infraction

# Vehicle Familiarization

Verification of driver's understanding of the specific vehicle's operation and safety features.

### Vehicle Type and Model

Write something...

### Specific Vehicle Features (e.g., ramp location, wheelchair securement)

Write something...

### Familiarity with Emergency Equipment Locations

- [ ] Fire Extinguisher
- [ ] First Aid Kit
- [ ] Emergency Hammer
- [ ] Communication Devices

### Maximum Passenger Capacity

Enter a number...

### Procedure for Operating Accessible Features (if applicable)

Write something...

**Vehicle Control System Familiarity**

- [ ] Fully Familiar
- [ ] Partially Familiar
- [ ] Not Familiar

# Incident History Review

Examination of any past incidents or accidents and corrective actions taken.

**Date of Incident/Near Miss**

Enter date...

**Brief Description of Incident/Near Miss**

Write something...

**Severity Rating (1-5, 1=Minor, 5=Severe)**

Enter a number...

**Type of Incident (Accident, Near Miss, Passenger Complaint)**

- [ ] Accident
- [ ] Near Miss
- [ ] Passenger Complaint
- [ ] Other

**Root Cause Analysis (if applicable)**

Write something...

**Corrective Actions Taken**

Write something...

**Date Corrective Actions Completed**

Enter date...

**Was retraining required?**

- [ ] Yes
- [ ] No

**Supporting Documentation (Police Report, Witness Statements)**

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# Fitness for Duty Self-Assessment

Driver's declaration of their current fitness to perform duties safely.

**Date of Self-Assessment**

Enter date...

**Time of Self-Assessment**

**Describe your current physical condition (e.g., fatigue, illness, injury).**

Write something...

**Describe your current mental/emotional state (e.g., stress, anxiety, personal issues).**

Write something...

**Are you currently taking any medication that could affect your ability to operate a vehicle?**

- [ ] Yes
- [ ] No

**Do you feel able to concentrate and react effectively?**

- [ ] Yes
- [ ] No

**Hours of sleep in the last 24 hours (approximate)**

Enter a number...

**Driver Signature**

# Review & Sign-off

Supervisor's review of the checklist and driver’s acknowledgement of compliance.

**Review Date**

Enter date...

**Review Time**

**Supervisor Signature**

**Reviewer Name**

Write something...

**Reviewer Title**

Write something...

**Overall Compliance Status**

- [ ] Compliant
- [ ] Non-Compliant
- [ ] Partial Compliance

**Comments/Further Actions Required (if applicable)**

Write something...