

Certification of School Bus Operator Check List

1. Physical must be checked for the Following
 - a. ___ Completely filled out and signed ___
 - b. ___ Date (not more than 6 months) ___
 - c. ___ Name (correct spelling) ___
 - d. ___ Blood Pressure(not to exceed140/90) ___
 - e. ___ Medical Condition(s)/Medication (s) (for restrictions) ___
 - f. ___ Eye Sight (must have 20-40 or better) ___
 - g. ___ Hearing (as described on the physical) ___
2. Drug Test
 - a. ___ Name (correct spelling) ___
 - b. ___ Date (not more than 6 months) ___
 - c. ___ Must reflect negative results ___
 - d. ___ Must state Pre-Employment ___
3. Alcohol Test
 - a. ___ Name (correct spelling) ___
 - b. ___ Date (not more than 6 months) ___
 - c. ___ Must reflect negative results ___
 - d. ___ Must state Pre-Employment ___
4. DMV Records Check
 - a. ___ Name(correct spelling) ___
 - b. ___ Date(not more than 6 months) ___
 - c. ___ Not to exceed 5 points ___
 - d. ___ Must designate a 3 year (verify by issue date) ___
 - e. ___ License must be valid ___
5. CIB/FBI
 - a. ___ Name (correct Spelling) ___
 - b. ___ Date (not more than 6 months) ___
 - c. ___ Any criminal record disclosed must be cleared by the DEPT. Of ED. ___
(Before the test can be administered.)
6. First/CPR
 - a. ___ Name (correct spelling) ___
 - b. ___ Date must be valid ___
7. Copy of CDL Licenses
 - a. ___ Name (correct spelling) ___
 - b. ___ Date (must be valid) ___
 - c. ___ Class(B or Better) ___
 - d. ___ Endorsements (P & S) ___
8. Certificate of completion of online certification
 - a. ___ Name (correct spelling) ___
 - b. ___ Correct date (not more than 6 months) ___
9. Forms verifying all required training time (Class room/Behind the wheel)
 - a. ___ Name (spelled correctly) ___
 - b. ___ Initials and signature (Applicant & Trainer) ___
10. Certification Form (yellow)
 - a. ___ Required signatures ___