

SCHOOL BUS DRIVER PHYSICAL PERFORMANCE TEST

DRIVER'S LAST NAME	FIRST NAME	M.I.	DRIVER'S SIGNATURE
STREET ADDRESS			VEHICLE TYPE
CITY	STATE	COUNTY	ZIP

Enter time for timed standards. If a timed test is not completed enter "DNC" (Did Not Complete.)

STANDARD #1	Emergency Exit	Time _____ (Driver seat and out exit in 20 seconds)	PASS	FAIL
STANDARD #2	Installing Tire Chain	Time _____ (10 minutes unassisted)	PASS	FAIL
STANDARD #3	Bus Steps	Time _____ (3 trips up & down in 30 seconds)	PASS	FAIL
STANDARD #4	Door	(Manually open and close entrance door 3 times)	PASS	FAIL
STANDARD #5	Throttle to Brake	Time _____ (10 Throttle to brake cycles in 10 seconds)	PASS	FAIL
STANDARD #6	Brake/Clutch	(Hold brake 3 seconds 5 times/Hold clutch throughout)	PASS	FAIL
STANDARD #7	Hand Controls	(Enter name of control for each segment of this standard)		
RIGHT SIDE CONTROL #1				
CONTROL NAME:		Time _____ (Wheel to Control to Wheel in 8 seconds)	PASS	FAIL
RIGHT SIDE CONTROL #2				
CONTROL NAME:		Time _____ (Wheel to Control to Wheel in 8 seconds)	PASS	FAIL
LEFT SIDE CONTROL #1				
CONTROL NAME:		Time _____ (Wheel to Control to Wheel in 8 seconds)	PASS	FAIL
LEFT SIDE CONTROL #2				
CONTROL NAME:		Time _____ (Wheel to Control to Wheel in 8 seconds)	PASS	FAIL
STANDARD #8	Roof Hatch		PASS	FAIL

In accordance with Policy 4336, WV School Bus Transportation Policy and Procedures Manual, and with knowledge of his/her duties, I certify that the above named driver (check one):

() has passed all 8 standards and **IS QUALIFIED** by the physical performance standards.

() **IS NOT QUALIFIED** by the physical performance standards.

PRINT NAME	SIGNATURE	DATE
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Copy #1 should be placed in the driver's file. Copy #2 for the should be sent to WV Department of Education, 1900 Kanawha Blvd. Bldg. 6 Room 215, Charleston, WV 25305. Copy #3 should be given to the tested driver.