

THE RISK OBSERVER

FOUNDED 2006 — VOL. GLXI

PROFESSIONAL UNDERWRITERS

DAILY 5 CENTS, SUNDAY 15 CENTS

SCHOOL BUS DISPATCH ACCIDENT / INCIDENT LOG

DATE OF CALL: _____
CALL TAKEN BY: _____

EXACT TIME OF INITIAL CALL: _____
INITIAL CALL FROM: _____
(NOTE WHETHER RADIO, PHONE OR OTHER)

LOCATION: _____

BUS #: _____

BUS DRIVER: _____

STUDENTS ON BOARD?: _____

INJURIES?: _____

SCHOOL(S): _____

FIRE OR FIRE DANGER?: _____

NATURE OF ACCIDENT / INCIDENT: _____

FOR IMMEDIATE ACTION (NOTE TIME EACH ITEM COMPLETED)

NOTIFY DIRECTORS / SAFETY DEPT TIME: _____

CALL LAW ENFORCEMENT (PHONE: _____) TIME: _____

CALL FIRE CONTROL (PHONE: _____) TIME: _____

CALL PRINCIPAL(S) (NOTE WHICH SCHOOLS) TIME: _____

SCHOOL(S): _____

CALL CENTRAL OFFICE (PHONE: _____) TIME: _____

CALL SPECIAL ED. DEPT. IF APPROPRIATE. (PHONE: _____) TIME: _____

CALL DOT (PHONE: _____) TIME: _____

DISPATCH ALTERNATE BUS TO SCENE BUS#: _____ TIME: _____

RE-ROUTE OTHER BUSES AWAY FROM SCENE TIME: _____

COMMENTS / NOTES: _____

DISPATCH SIGNATURE: _____



NEW YORK STATE SAFETY