



*Enhancing access to transportation for all with courteous,  
reliable & affordable service*

Services in Smith Center, Smith County and the outlying area

Questions? 785-282-3812

This program is funded in part by  
KDOT General Public Transportation

## INTRODUCTION

Smith Center Community Connection is a general public transportation service funded by the City of Smith Center and the Kansas Department of Transportation (KDOT), available to everyone in Smith Center and Smith County with transportation to areas within 120 miles.

Smith Center General Public Transportation is a curb-to-curb demand response service available to the general public without regard for race, gender, age, or disability in our service area, in ADA accessible vehicles. Transportation is available on a first come, first served basis.

It is strongly advised to call as soon as possible to schedule a ride. Requests for the county and outlying area service, a minimum of 24-hour notice is recommended.

Service may be unavailable at times due to inclement weather conditions. Smith Center General Public Transportation is not an emergency vehicle service. Should you require transportation to the emergency room, call 911 and request an ambulance.

## **DAYS and TIMES OF OPERATION**

Smith Center General Public Transportation is in service from 8am to 4pm, Monday through Friday.

The program observes the following holidays: New Year's Day, Martin Luther King Day, Presidents Day, Memorial Day, Independence Day, Veterans Day, Thanksgiving Day & Friday, Christmas Eve, and Christmas Day.

## **SCHEDULING RIDES**

To request a ride within the city limits of Smith Center, call 785-620-7526. To request to be picked up within Smith County for transportation in Smith County or the surrounding area up to 120 miles from Smith Center, contact the office at 785-282-3812.

## **FARES**

### Smith Center City Service

Single trip (one-way) fares cost \$1; discounted ride tickets can be purchased for single trip rides at \$0.75 each.

10 ride ticket	\$7.50
20 ride ticket	\$15.00
30 ride ticket	\$22.50
40 ride ticket	\$30.00

### County Service

Single trip (one-way) fares cost \$2.50; \$5 round trip. Discounted ride tickets can be purchased for single trip rides at \$2.

10 ride ticket	\$20.00
20 ride ticket	\$40.00
30 ride ticket	\$60.00
40 ride ticket	\$80.00

### Regional Area Service (over 60 miles one-way)

Single trip (one-way) fares cost \$4; \$8 round trip. Discounted ride tickets can be purchased for single trip rides at \$3.50.

10 ride ticket	\$35.00
20 ride ticket	\$70.00
30 ride ticket	\$105.00
40 ride ticket	\$140.00

## **PICKUP TIMES & WAIT POLICY**

Passengers are expected to provide pertinent information needed to schedule trips. The driver will schedule all departure and pickup times for passengers. The driver may have discretion to change departure or pickup times only as necessary to accommodate riders. When scheduling, the driver will give the rider a 15-minute pick-up window. The driver may arrive any time during this time-period. Upon arrival, the driver will wait for 5 minutes only. The driver will honk the horn if the passenger is not visible at the time of arrival.

Smith Center General Public Transportation has a history of providing on time transportation to our riders. However, please be aware that road work in and around the area; other riders' scheduling; and/or inclement weather may cause delays at times. Our drivers do take every measure to ensure that services are provided on schedule. Any service closures due to inclement weather will be announced. Notification may be made on the website ([www.smithcenterks.com](http://www.smithcenterks.com)) and/or social media; and scheduled riders will be notified if possible.

## **NO SHOW & CANCELLATION POLICY**

A rider who has scheduled a trip and does not appear; does not cancel the trip in advance; or refuses once the driver arrives, is considered a no-show.

In order to provide the best service to all passengers, notice of cancellation should be made no less than one hour prior to the scheduled pick-up time. A late cancellation is considered a no-show.

Any rider who demonstrates a practice of no-show or late cancellations will follow the policy below.

- 1<sup>st</sup> violation - Written warning
- 2<sup>nd</sup> violation - One week suspension
- 3<sup>rd</sup> violation – thirty-day suspension

## **CHILDREN**

Young children must be accompanied by an adult or care giver. Children, as all other passengers, are required to be properly restrained for their safety. If the child requires a car or booster seat and does not have one, the driver must be alerted at the time of scheduling, and time must be allowed for the driver to put one in place, to be ready when the passengers are to be picked up. It is recommended the adult provide the proper seat, if possible.

## **RIDER SAFETY/SEAT BELTS**

It is required of all riders and drivers that seat belts are properly worn. Passengers are expected to fasten their seat belts, the vehicle will not be put in motion until all riders are secured. Riders are to remain seated until the vehicle comes to a complete stop.

## **ANIMALS**

Service animals will be transported with their owners without cost. Service animals must be on a leash or the owner/handler must retain full control of the animal at all times. Pets may be transported with their owners for appointments with the veterinary and are required to be enclosed in a pet carrier. Any cleanup and/or damages caused to the vehicle by an animal is the responsibility of the owner/handler.

## **PERSONAL ATTENDANTS**

A personal care attendant that assists the rider with daily life functions on a regular basis is not charged to accompany a rider they assist. The attendant can provide assistance during a ride and/or at the destination.

## **WHEELCHAIR PROCEDURES**

A wheelchair is defined as a mobility aid belonging to any class of three or more wheeled device, usable indoors, designed or modified for and used by individuals with mobility impairments, operated either manually or powered.

Smith Center General Public Transportation will make every attempt to secure wheelchairs. If problems are encountered during this process and a determination is made by the driver that the wheelchair or device cannot be adequately and safely secured, then the driver will suggest that the passenger transfer to a vehicle seat. It is the passenger's choice to transfer to a vehicle seat or remain in the wheelchair. The passenger is allowed to ride by choice, if the driver is not able to secure the wheelchair. Please note that the Federal Transit Authority has advised that the ADA does not allow transportation services to be denied if the wheelchair cannot be secured.

Drivers are not permitted to lift individuals required or wanting to transfer from a mobility device to vehicle seating. Such riders will be asked to provide their own personal care attendant to assist in their transfer.

## **LIFTS**

Only the driver will operate all wheelchair lifts and ramps, including the restraint system and all control switch equipment in the vehicle. Drivers will assist riders on the wheelchair ramps/lifts and will secure all wheelchairs before transporting. If a rider is not using a wheelchair but has difficulty using the steps of the vehicle, they may ride the lift, but it is REQUIRED to hold the lift handles securely during operation.

## **MEDICAL EQUIPMENT**

Passengers with respirators, portable oxygen or other similar medical equipment must follow safety procedures that ensure protection of all passengers and the driver. Should an oxygen tank leak or otherwise be unsafe or unfit, the tank will not be allowed on the vehicle. Tanks and other devices should be safely secured as to not roll around or cause potential damage to the vehicle or individuals.

## **PASSENGER ASSISTANCE**

The driver will greet all passengers in a professional and friendly manner; can assist passengers in entering and exiting the vehicle as well as approaching or exiting the destination, if needed; and will exhibit common courtesy.

Riders may bring grocery and personal items purchased at retail stores on to the vehicle but must maintain possession and/or control of those items and are limited to what the rider can carry in a trip with limited assistance from a driver. For safety reasons the driver can assist by carrying a reasonable amount in one trip only, at the driver's discretion, to the porch or entrance of the passenger's destination. At no time will Smith Center General Public Transportation transport any furniture items, heavy items, or something of any significant bulk. Should a rider have an item they anticipate purchasing that they are unsure follows the guidelines, it is the rider's responsibility to inquire with the driver ahead of time.

### **BICYCLE POLICY**

Bicycles are not permitted inside transit vehicles unless prior authorization has been given after assuring the bicycle will fit securely without impeding visibility or the safety of riders and the driver; and the bicycle can be adequately secured. Should permission be given, the rider is responsible for loading and unloading the bicycle.

### **VEHICLE MAINTENANCE**

All passengers are expected to help keep the transit vehicle clean and orderly, please throw trash away if needed.

### **BEHAVIORS & CONDUCT**

The driver will report immediately to the transit manager any occurrence of a passenger being chronically inconsiderate or abusive to the driver or other passengers. If the driver judges that he/she is in an unsafe situation, the driver will have the right, with the consent of staff, to exercise judgment and stop the vehicle and ask the passenger to exit or call authorities if needed.

Inappropriate conduct will NOT be tolerated. This includes, but is not limited to intoxication, fighting, arguing, spitting, threatening the driver or another rider, using foul or derogatory language, or sexual harassment. Should a passenger pose a safety hazard to him/her or other caused by any bodily fluids, they may be denied service.

### **PROHIBITED MATERIAL**

No open containers, no alcoholic beverage may be consumed; No illegal drugs, nor can tobacco be used, while in the vehicle. This includes smokeless tobacco as well as e-cigarettes or like products.

No weapons including knives, guns or ammunition; and no hazardous material such as car batteries, gasoline, propane, etc. are allowed on the vehicle. If a rider is found to have any of these items, they will be reported and in result may be suspended from riding for up to 30 days.

### **PROGRAM CELL PHONES, MUSIC, OR OTHER DEVICES**

Only the driver will operate the communication device(s) put in place for the program. Passengers are not allowed to use the program cell phone for personal calls. Only in an emergency situation should someone other than the driver operate the communication equipment.

Personal radios, players, or other media devices are to be left off or should they be

used, be used in a manner that the sound does not affect other riders or the driver.

### **ACCIDENTS OR INCIDENTS**

Accidents or incidents, no matter how minor, will be reported immediately to the transit manager and the proper authorities. Regardless of how minor, the vehicle should NOT be moved until instructed to do so, except in the matter of a safety hazard. At that time, the vehicle should only be moved far enough to ensure safety.

In the case of an accident or incident that requires passengers to exit or evacuate the vehicle, the driver will be responsible to see that all passengers are exited or evacuated immediately.

### **GRIEVANCES**

Grievances may be filed with the transit manager as soon as possible. A complaint form should be completed for passenger complaints and problems, if possible. A complaint may also be discussed with the manager in person within five working days of the date of the incident. The manager will make every effort to resolve the complaint. If a resolution is not reached, then the grievance form must be completed and described in writing to be submitted to the City Council. The transit manager can be reached at 785-282-3812; email to [clerk@smithcenterks.com](mailto:clerk@smithcenterks.com); fax to 785-282-6703; or in person at City Hall, 119 W. Court, Smith Center.

Passengers of the Smith Center General Public Transportation Program should understand that they ride at their own risk. No liabilities will be accepted.

*The City of Smith Center  
General Public Transportation Program  
is pleased to offer affordable, reliable, compassionate  
service in conjunction with KDOT and FTA to the residents  
and visitors of our communities; to offer transportation for  
daily needs; as well as access to various amenities  
Smith County has to offer.*

## Smith Center General Public Transportation COMPLAINT FORM

Name \_\_\_\_\_

Address \_\_\_\_\_

Contact Number \_\_\_\_\_ Email \_\_\_\_\_

Type of Complaint: *(Circle One)*      Driver      Service  
Date & Time of Occurrence:

Location of Occurrence: \_\_\_\_\_

Details of Complaint: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DECLARATION: I declare that to the best of my knowledge the information provided in the statement above is true and correct. The complaint written in this form is fully accountable and there is no part of the story being deliberately altered, hidden, omitted from or added to create a bias and/or benefit/harm to any party. The complaint made is based on objective judgment and no personal sentiment involved against any party. I acknowledge that I am filling this complaint form of my own free will without demand or force from any party.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Submit to:

Transit Manager, 119 W. Court, Smith Center, KS, 66967 or email to  
clerk@smithcenterks.com



# Smith Center General Public Transportation GRIEVANCE FORM

Name \_\_\_\_\_

Address \_\_\_\_\_

Contact Number \_\_\_\_\_ Email \_\_\_\_\_

Description of the Grievance:

Include full names of any other person(s) involved, addresses and phone numbers, if relevant. Attach additional sheets if necessary.

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DECLARATION: I declare that to the best of my knowledge the information provided in the statement above is true and correct. The grievance written in this form is fully accountable and there is no part of the story being deliberately altered, hidden, omitted from or added to create a bias and/or benefit/harm to any party. The grievance is based on objective judgment and no personal sentiment involved against any party. I acknowledge that I am filling this grievance form of my own free will without demand or force from any party.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Submit to:

Transit Manager, 119 W. Court, Smith Center, KS, 66967 or email to [clerk@smithcenterks.com](mailto:clerk@smithcenterks.com)

*Would you like an affordable option to get you to that next lunch date with friends, do your shopping, fulfill your banking needs, visit the library, meet your medical professional, or enjoy some sun through the window on a casual drive?*

***Let us do the driving for you!***









# MODEL TRANSIT POLICY

for 49 U.S.C. §§ 5310; 5310

## GOVERNING POLICIES

[Insert Agency Name Here] is governed by the policies of [SUPERVISING AGENCY'S NAME e.g., Lyon County] on all general policies. This transit policy, combined with the [Insert Agency Name Here] Rider's Guide [hereafter the Policy Manual] provides policy guidance on transit-related matters not covered by the policies of [SUPERVISING AGENCY'S NAME e.g., Lyon County] policy.

## ADOPTION PROCESS

This Policy Manual was released for public review and comment on our website from DATE through DATE. We received NUMBER comments and have incorporated them all into this Policy Manual update.

## FUNDING SOURCES

[Insert Agency Name Here] receives federal funds under the following provisions of the U.S. Code:

*Example 1: 5310 – Enhanced mobility for Seniors and Persons with Disabilities This program (49 U.S.C. § 5310) provides formula funding to states for the purpose of assisting private nonprofit groups in meeting the transportation needs of older adults and people with disabilities when the transportation service provided is unavailable, insufficient, or inappropriate to meeting these needs. Funds are apportioned based on each state's share of the population for these two groups. Formula funds are apportioned to direct recipients; for rural and small urban areas, this is the state Department of Transportation, while in large urban areas, a designated recipient is chosen by the governor.*

*Example 2: 5311 – Formula Grants for Rural Areas The Formula Grants for Rural Areas program provides capital, planning, and operating assistance to states to support public transportation in rural areas with populations of less than 50,000, where many residents often rely on public transit to reach their destinations. The program also provides funding for state and national training and technical assistance through the Rural Transportation Assistance Program.*

[Insert Agency Name Here] may also receive state funding that have

been legislatively allocated to support public transit and paratransit programs from the Kansas Department of Transportation (KDOT).

Finally, [Insert Agency Name Here] receives local match funding from [SUPERVISING AGENCY'S NAME e.g., Lyon County] .

## BIOLOGICAL ELEMENTS

Blood, excrement and other bodily fluids found on the bus or in the office should be reported immediately to [LOCAL AMBULANCE OR EMERGENCY SERVICES PROVIDER]. Cleanup should not be attempted until appropriate authorities have been consulted.

## BIOHAZARD SPILL KIT

Each vehicle and the office shall be equipped with a biohazard spill kit meeting OSHA CFR 29 1910.1030 Blood borne Pathogens regulation. Items to be included in this spill kit include:

- a. two pairs of disposable latex or vinyl gloves;
- b. a dust pan and brush or tongs;
- c. disinfectant spray or foam that is effective on HIV-1 and TB;
- d. two fluorescent orange or orange-red bags with the biohazard symbol printed in red and the word BIOHAZARD printed in a contrasting color;
- e. a wire tie and a clear plastic bag in which the first bag will be placed;
- f. solidifying powder to be used to turn a liquid spill into a gummy spill;
- g. face mask that covers the mouth and nose, or mouth only.
- h. Antiseptic hand wipes to clean hands after removal of gloves; a container for sharps which is sealable, leak proof, and puncture resistant; and latex shoe covers.

The Fleet Coordinator will be responsible for restocking the kits after each use.

Antiseptic hand cleanser and paper towels must be readily accessible in the office and on the bus in reach of the driver.

Employees/drivers must wash their hands with soap and running water as soon as possible following contact of such body areas with blood or potentially infectious materials. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of occupational exposure.

[Insert Agency Name Here] shall ensure that all employees/drivers with the potential for occupational exposure to blood borne pathogens participate in a training program which must be provided at no cost to the employee/driver and during working hours.



## SMS & PHONE USAGE

Personal calls via mobile phone and personal texting (SMS) are prohibited for drivers and office staff while on duty.

Dispatch may from time to time find it necessary to contact the drivers via the driver's mobile phone. The driver should answer these calls, but immediately indicate to the staff member if it is not safe to talk on the cellular phone. Only when the driver has pulled to the side of the road out of the traffic stream or is at a complete standstill may the driver resume contact with dispatch.

## MOBILITY DEVICES

Section 37.3 of the DOT regulations implementing the Americans with Disabilities Act of 1990 (ADA) (49 CFR Parts 27, 37, and 38) defines a "wheelchair" as a mobility aid belonging to any class of three— or more—wheeled devices, usable indoors, designed or modified for and used by individuals with mobility impairments, whether operated manually or powered.

Drivers will provide lift/ramp service assistance to *any* passenger requesting it, regardless of ambulatory status. All safety straps and restraints must be operable and used when using the lift.

Drivers will not lift individuals needing to transfer from a mobility device to regular vehicle seating. Passengers requiring such assistance must provide their own personal care attendant to assist in their transfer.

Our buses accommodate all devices that fit on lifts, meeting access board guideline dimensions (30" by 48") and a maximum of 800 pounds for device/user combined.

### Steps to Loading and Unloading of Wheelchair:

- Driver must engage parking brake prior to operating lift.
- Driver is the only authorized operator of the lift.
- Lower lift platform in unobstructed area, and load passenger onto platform facing inside of vehicle.
- Ensure mobility device brakes are locked and direct passenger to hold onto handle bars or to keep hands in their lap.
- Ensure that platform is stopped before releasing brakes and loading/unloading wheelchair.
- If loading passenger, confirm that the mobility device is secured, with brakes locked, before moving bus.
- Allow passenger to choose to stay in mobility device or to move to another seat on the vehicle.

### Transportation of Motorized Carts/Wheelchairs

- The Americans with Disabilities Act mandates transportation of motorized carts. Drivers will:
- Use best efforts to restrain or confine the device to the secured area.
- Not deny transportation to a passenger because their mobility device cannot be secured to or restrained to the system's satisfaction.
- Not require that a device user transfer into a vehicle seat but will confirm the mobility device and user are secured before transportation.
- Prevent other persons from using the lift and/or securement devices.
- Respect the passenger's preference in regard to entering a lift platform and vehicle in a particular direction.
- Allow passengers using canes, walkers, and other individuals with disabilities that do not use devices, but have difficulty using steps, to use the lift on request.
- Allow adequate time for passengers with disabilities to board the vehicle.

### FIREARMS

K.S.A. § 75-7c10 and amendments thereto, allow persons to carry firearms openly or concealed on transportation vehicles. Drivers can request that firearms be concealed if they feel there is a danger to themselves or others but cannot deny transportation for refusal to conceal a firearm.

### SERVICE ANIMALS

No documentation proving that the animal is a service animal is required and questioning of the passenger about the animal is limited by law. Drivers may ask the following (and only the following) questions.

- (1) Is the animal a service animal required because of a disability?
- (2) What work or task has the animal been trained to perform?

Drivers should document responses to both questions and provide information to administrator.

## VEHICLE WARRANTY REPAIRS

The transportation manager will check, if necessary, repair/maintenance work for any vehicle is eligible under their vehicle's warranty before taking it in for service, including certain components of the vehicles that KDOT procures, which often have longer warranty coverage periods than are standard.

## AUTHORIZED USE OF VEHICLES

[Insert Agency Name Here] vehicles are to be used for passenger transport only. [Insert Agency Name Here] vehicles may not be used for personal use. [Insert Agency Name Here] vehicles may not be diverted from the assigned route/trip for personal needs under any circumstances, nor may it be diverted from its assigned route/trip for other reasons except as authorized by [Insert Agency Name Here] management.

Authorized operators of [Insert Agency Name Here] vehicles are those persons designated by [Insert Agency Name Here] management as authorized operators, which shall include properly credentialed drivers. Non-authorized operators are strictly prohibited from operating [Insert Agency Name Here] vehicles, except in cases of accidents or breakdowns, in which case operation by subcontractors (mechanics, towing), or by a properly trained and insured employee of [Insert Agency Name Here] may operate such vehicle as authorized by [Insert Agency Name Here] management.

## NON-DUPLICATION OF SERVICES

In order to decrease costs [Insert Agency Name Here] does not duplicate services already available and offered by other service providers. As such, [Insert Agency Name Here] does not provide:

1. Emergency medical transportation
2. Trips to non-emergency medical appointments for individuals with Medicaid if the Medicaid coverage will pay for medical transport [IF APPLICABLE TO YOUR AGENCY].
3. City to City trips in [ABC County] if the trips are during regular operation hours of [the ABC County Bus System] [IF APPLICABLE TO YOUR AGENCY].
4. Trips which could be completed by an agency using the agency's own vehicles [IF APPLICABLE TO YOUR AGENCY].
5. Other trips which could be accomplished using existing services available

## INCIDENT REPORTING

Incidents on the bus or in the office must be reported prior to the end of shift using the approved incident report form (See appendix) and forwarded to the department administrator.

Following receipt of an incident report, the department administrator must begin an investigation of the incident within 24 hours of the receipt of the report. Actions taken should be reported employees as required, as well as to [AGENCY SUPERVISOR], the rider and/or victim.

## ACCIDENT REPORTING

[Insert Agency Name Here] is committed to the safety of its riders, employees, and the general public. In addition, [Insert Agency Name Here] must comply with certain federal regulations following accidents so as not to risk federal funding. As such, the following procedures govern accident/incident reporting:

1. The driver shall complete an accident report on an approved form (see attached) whenever the vehicle, driver, or passenger is involved in an accident. Incidents may be reported in memo form.
2. The driver must, in addition to the written report, notify management immediately of any incident or accident.
3. An incident or accident shall be defined as and include but not be limited to:
  - a. Any vehicle damage
  - b. Personal injury to any party
  - c. Any moving violation while on duty
  - d. Passenger disputes
  - e. Passenger policy violations
  - f. Passenger complaints
  - g. Questionable package(s) left on the vehicle
4. The driver must notify management immediately if:
  - a. an accident occurs in which any person is killed or injured and must be transported by emergency services for treatment;  
—Or—
  - b. the vehicle is damaged to the extent that it cannot be driven from the site of the accident
5. FTA Post-Accident testing is REQUIRED when:
  - a. Any person involved in the accident dies individual dies  
—Or—  
*Unless the employee's performance can be completely discounted as a contributing factor to the accident:*
  - b. An individual suffers bodily injury and immediately receives

medical treatment away from the scene

c. A vehicle incurs disabling damage and is transported away from the scene by a tow truck or other vehicle

d. The public transportation vehicle is removed from operation

## CONSEQUENCES FOR FAILURE TO COMPLY

Failure to comply with the terms of this policy may result in [Insert Agency Name Here] losing federal funding. Failure of a driver to comply with the terms of this policy may result in disciplinary action up to and including dismissal. [Insert Agency Name Here] management is responsible for monitoring and enforcing this policy. In addition, [Insert Agency Name Here] management is responsible for investigating all complaints on non-compliance fairly, thoroughly, and expeditiously and making decisions for or against disciplinary action in compliance with other [Insert Agency Name Here] policies.

## DEFINITIONS

- A reportable accident is one with any of the following consequences:
- An individual dies within 30 days of a transit accident;
- An individual suffers bodily injury and immediately receives medical treatment away from the scene of the accident. Medical attention sought after leaving the scene of an accident is not reportable;
- Total damage exceeds \$7,500 (including other vehicles and property);
- The transit vehicle incurs disabling damage as the result of the accident and is removed from revenue service;
- A non-arson fire occurs in any vehicle, revenue facility, or non-revenue facility involved in the accident.

*Disabling damage* means damage that prevents the transit vehicle from departing the scene of the accident in its usual manner; including vehicles that could have been operated but would have been further damaged if so operated. This does not include damage that could be remedied temporarily at the scene of the accident with standard tools or parts. Tire disablement or inoperable headlights, taillights, turn signals, horn, or windshield wipers are not considered disabling damages.

Transit vehicle equipment failures, which result in a reportable accident, should be noted in the accident description section of the reporting form.

Examples of vehicle equipment include batteries, the electrical system, brakes, fuel tanks, the propulsion system, safety devices, the steering system, tires, wheels, axles, and wheelchair securement devices.

## EMERGENCY EVACUATIONS

Despite our best planning, emergencies do happen. With the following guidelines, **[Insert Agency Name Here]** is attempting to make an emergency as safe as possible for passengers and the driver. The policies for emergency evacuations are as follows:

1. The driver should be prepared to evacuate the vehicle in emergency situations such as but not limited to: a fire on the vehicle, a fuel leak, and/or a situation in which the vehicle is in an unsafe position.
2. The driver should be prepared to evacuate the vehicle in the event evacuation orders are given to the driver by dispatch or management, or law enforcement agencies.
3. Remain calm and attempt to keep the passengers calm.
4. If possible, pull the vehicle out of the traffic stream.
5. Turn on the emergency flashers.
6. Turn off the engine and set the parking brake.
7. Immediately evacuate your passengers (The bus driver remains in charge until relieved by appropriate law enforcement officers.)
  - a. Open all doors.
  - b. Do not perform any evacuation procedure that will cause injury to yourself or to any passenger.
  - c. Instruct all passengers to release their belts or restraints. Passengers who are fully mobile and uninjured may assist non-mobile passengers to release their belts.
  - d. Use the most usable exit.
  - e. Assist ambulatory passengers first. Passengers who can self-evacuate may assist others from the ground.
  - f. Verify that all passengers have been evacuated and move them a safe distance from the vehicle and other traffic.
8. After all passengers have been evacuated, drivers will evacuate and take his/her mobile phones/radio handset with them.
9. Drivers should not attempt to fight a vehicle fire under any circumstances.

10. Collect emergency information on passengers including names, health status, and name/number of emergency contact.
11. Notify dispatch giving your name, exact location, description of emergency, number and status of passengers.
12. If possible, once evacuated passengers have been contained and dispatch notified, place emergency warning devices such as reflectors, triangles, or flares.
14. Do not reboard the vehicle.
15. Cooperate with rescuers and emergency personnel.

## APPENDIX A—Accident Reporting Form, page 1

Note: The accident description should include, but is not limited to, the following basic information: causal factors of the accident, the direction in which the vehicles were traveling, and road and weather conditions. Law enforcement reports should also be submitted when available.

<b>TRANSIT AGENCY:</b>
<b>Safety Contact Person:</b>
<b>Area Code and Phone Number:</b>

### REPORTABLE FOR THE FOLLOWING REASON(S)

<input type="checkbox"/> 1. Individual died	<input type="checkbox"/> 4. Transit vehicle is towed away and removed from revenue service
<input type="checkbox"/> 2. Injury requiring immediate medical treatment away from the scene	<input type="checkbox"/> 5. Non-arson fire
<input type="checkbox"/> 3. Total damage exceeded \$7,500	

<b>DATE of INCIDENT:</b>	<b>INCIDENT TIME:</b> AM <input type="checkbox"/> PM <input type="checkbox"/>
<b>ESTIMATED TOTAL DAMAGE: \$</b>	<b>COUNTY:</b>
<b>LOCATION:</b>	
<b># OF FATALITIES:</b>	<b># OF PERSONS TRANSPORTED FOR MEDICAL TREATMENT:</b>

### AGENCY VEHICLE INFORMATION

<b>LICENSE NO.:</b>	<b>MAKE:</b>
<b>YEAR:</b>	<b>MODEL:</b>
<b>ODOMETER READING:</b>	<b>FUNDING SOURCE:</b>
<b>ESTIMATED VEHICLE DAMAGE: \$</b>	
<b>DAMAGE DESCRIPTION:</b>	
<b>DID VEHICLE EQUIPMENT FAIL TO OPERATE PROPERLY?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO (IF YES, EXPLAIN ON THE FOLLOWING PAGE)	
<b>WAS THE AGENCY VEHICLE TOTALED?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>WERE DRUG &amp; ALCOHOL TESTS PERFORMED?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO





*APPENDIX B—Reasonable Accommodation Request Form*

**[INSERT AGENCY'S NAME HERE]**

**REASONABLE ACCOMMODATION REQUEST FORM**

*Please complete this form to request a reasonable modification of transportation services.*

Date: \_\_\_\_\_ Name \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Description of Request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Location & Routes Used: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you able to ride without this modification? \_\_\_\_\_

\_\_\_\_\_

**Submit to:**

Jane Doe, Director

[INSERT YOUR AGENCY NAME HERE]

1234 Main Street

Springfield, KS 12345

(785)-123-4567

Jane.Doe@buscompany.net

Signature \_\_\_\_\_ Date \_\_\_\_\_

APPENDIX C—Incident Report Form

<b>INCIDENT REPORT</b>	RIDER'S NAME _____		
	DATE OF INCIDENT - 20	<input type="checkbox"/> 1ST NOTICE <input type="checkbox"/> 2ND NOTICE <input type="checkbox"/> 3RD NOTICE	
	BUS _____	TRIP No. _____	DRIVER _____
OTHER PERSON(S) INVOLVED (IF NONE, LEAVE BLANK): _____			
<b>DRIVER'S REPORT:</b>			
<div><input type="checkbox"/> SAFETY PROCEDURE VIOLATION    <input type="checkbox"/> HYGIENE POLICY VIOLATION    <input type="checkbox"/> EATING-DRINKING-LITTERING <input type="checkbox"/> HAZARDOUS MATERIALS    <input type="checkbox"/> INTOXICATED    <input type="checkbox"/> SMOKING/VAPING <input type="checkbox"/> FIGHTING/BULLYING    <input type="checkbox"/> UNACCEPTABLE LANGUAGE    <input type="checkbox"/> FAILURE TO COMPLY WITH DRIVER <input type="checkbox"/></div> _____ _____			
<b>PRELIMINARY ACTION:</b>		<b>PRESENT ACTION AND RECOMMENDATIONS:</b>	
<div><input type="checkbox"/> FOLLOW-UP WITH VICTIM <input type="checkbox"/> FOLLOW-UP WITH RIDER <input type="checkbox"/> REVIEW BUS VIDEO <input type="checkbox"/> REVIEW LAW ENFORCEMENT REPORTS <input type="checkbox"/></div> _____ _____ _____		<div><input type="checkbox"/> CONFERENCE WITH RIDER    <input type="checkbox"/> NO FURTHER ACTION/DISMISSED <input type="checkbox"/> 30-DAY SUSPENSION    <input type="checkbox"/> WRITTEN WARNING <input type="checkbox"/> REFER TO LAW ENFORCEMENT    <input type="checkbox"/> REFER TO LEGAL DEPARTMENT <input type="checkbox"/></div> _____ _____ _____	

\_\_\_\_\_  
(DRIVER'S SIGNATURE)

\_\_\_\_\_  
(ADMINISTRATOR'S SIGNATURE)

\_\_\_\_\_  
(DATE)

[INSERT YOUR AGENCY NAME HERE] GRIEVANCE

Date\_\_\_\_\_

Complainant’s Name\_\_\_\_\_

Description of the Incident: Please include full names of any other person(s) involved, addresses and phone numbers, if relevant.

\_\_\_\_\_

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(Attach additional sheets if necessary)

Submit to:  
Jane Doe, Director  
[INSERT YOUR AGENCY NAME HERE]  
1234 Main Street  
Springfield, KS 12345  
(785)-123-4567  
Jane.Doe@buscompany.net

Signature\_\_\_\_Date\_\_













