

Buffalo Trail Public Schools



Commercial Vehicle Driver's Hours of Service Regulations



Hours of Service Act- History

- The Canadian and American governments co-funded a \$6 million study that took place between 1989-1996
- This study covered everything to do with the effects of fatigue on drivers
- The Hours of Service Regulation and Act came into effect January 1 2007.
- The act is based on the information gathered during the study.
- The act can be read online <https://www.tc.gc.ca/eng/roadsafety/safeddrivers-commercialdrivers-hoursofservice-index-110.htm>



Hours of Service Act - Who does it cover?

Any vehicle with a registered Gross Vehicle Weight of 4500Kgs or more and if any of the vehicles in the fleet operates in more than one province is designated a COMMERCIAL VEHICLE. All commercial vehicle rules and regulations will apply to the vehicle and its OPERATOR.

This includes:

- Truck, tractor, trailer or any combination of these vehicles with gross vehicle weight greater than 4,500 kilograms
- Buses with seating capacity of 11 persons or more, including the driver
- Private vehicles are exempt- i.e.. Recreational vehicles and farm equipment



Hours of Service- A quick summary of the law

- The act has 2 Jurisdictions:
- Federal and Provincial-
- We fall under the Federal Jurisdictions because we travel in 2 provinces
- Work Day means a period of 24 hours commencing at the time designated by the carrier
- On duty driving- is the time you spend driving (cannot exceed 13 hours in a 24 hour period)
- On duty time not driving- is the time you are working, but not driving- (Driving and non driving hours cannot exceed 14 hours in a 24 hour period)
- This means if your work day is 8 hours, you cannot drive for more than 6 hours in a 24 hour period



Hours of Service- A quick summary of the law

- You must have at least 10 hours of off duty time per day
- 8 hours must be taken consecutively
- No Driving after 70 hours On Duty and Driving in the last 7 days
- No driving after 16 hours elapsed time since commencement of work day (in a work shift)



Hours of Service- A quick summary of the law

- You must complete a log everyday- even your days off require a log to be completed
- You must have logs for last 14 days in your possession plus the current day (15 total).
- Load security must be checked within the first hour or 80 km and then checked at least every 3 hours or 240 km- load checks must be recorded on the log
- 36 consecutive hours Off Duty resets the “clock” and a new cycle begins
- This is all done to protect the driver if an incident were to occur



Hours of Service

Documents we need in your file

- **Application, and History of**
- A Current Driver's abstract
- infraction, such as speeding
- Pre- Employment S Endors
- A copy of your Driver's lice
- A copy of your WHMIS Cer
- A copy of your First-aid Ce
- Driver Certification- From
- Functional Assessment tes
- Proof of Professional Deve



EEB 2 Exhibit 1

EMPLOYER: _____
DATES: _____
DUTIES: _____

NA
AD
BIF
LIC

DRIVING EXPERIENCE:

CEI

NAME OF BUS OWNER: _____

Pre 1
Com

PERMANENT: _____ PART-TIME: _____

First
Driv

REFERENCES:

Func
Crin

1. _____
Name Address Phone #

3 Y

2. _____
Name Address Phone #

EM
DA
DU

3. _____
Name Address Phone #

Signature Date

EM
DA
DU

To be Completed by Contractor/Principal or School Safety Officer (for school owned buses)

I verify that this applicant has met the qualifications as outlined in Admin Procedures EEB2 and I support the approval of this application.

Contractor/Principal or School Safety Officer Date

with the laws?

inform us of any

of training

Hours of Service

Driving Record Sample

with the laws?

Documents we need in your

- Application, and History of
- **A Current Driver's abstract**
- Pre- Employment S Endor
- A copy of your Driver's lic
- A copy of your WHMIS Ce
- A copy of your First-aid Ce
- Driver Certification- From
- Functional Assessment te
- Proof of Professional Dev

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Request Report

Record Run Date: 08/14/2006
 Date of Birth: 05/28/1952
 Height: 5-04
 Weight: 125
 Gender: F
 Eye Color: BLU
 Photo Image on File: IMAGE

Transaction Type: R-OPER (See Below #1)
 License Type: 78 (See Below #2)
 County Code of Residence: 14566 STATE ST LANSING MI 48918-0001
 Registered to Vote: VOTER
 Restrictions: CORRECTIVE LENS
 Year License Expires: 2008
 Date of Last Application: 05/23/2004

A SOS 3905 08/14/2006 08:10:48 IP10_28_16_152/SOSMFR25.
 C-200-139-040-254
 ANNE MARIE CARDRIVER
 14566 STATE ST
 LANSING MI 48918-0001

* THIS DRIVER HAS NO PRIOR 904 MANDATORY ADDITIONAL VIOLATIONS OF
 * SUSPENSION / REVOCATION OR 625 ALCOHOL RELATED CONVICTIONS WITHIN THE
 * TIME FRAMES REQUIRING PLATE CONFISCATION.

Conviction Date	Jurisdiction / Court	Conviction / Action	Vehicle Type	Active Points
09/23/1999	LAPEER	DISOBEY STOP SIGN - PU		
04/01/2002	LAPEER	SPEED 60/55 - PA	2	
10/29/2002	STERLING HEIGHTS	FAILED STOP WITHIN ASSURED CLEAR DISTANCE - PA	2	
12/24/2002	SUSPENSION ****	DRIVER IMPROVEMENT CORRESPONDENCE		
05/14/2003	SUSP TERMINATED	FAILED STOP WITHIN ASSURED CLEAR DISTANCE		
	ACCIDENT	09/19/2002 731-2621 STERLING HTS PD 4 VEH/UNIT 1 INJ 0 KILLED		
		INCIDENT DATE		

***** END OF RECORD HISTORY *****

License Valid to Drive: LICENSE VALID
 DRIVING STATUS: ELIGIBLE - CLEAR RECORD
 (ELECTRONICALLY CERTIFIED IN COMPLIANCE WITH MCL 257.204A, AS OF RECORD RUN DATE INDICATED ABOVE.)

Current Record Status

Note: Insurance companies may calculate "points" in a different way than the Department of State.

#1 Transaction Types:
R = Renewal O = Original D = Duplicate C = Correction

#2 License Types:
O = Operator C = Chauffeur

ence of training

Documents we need in your file-

- Application, and History of employment
- A Current Driver's abstract- This must be renewed each year.
- **Pre- Employment S Endorsement & Bus Evacuation Certificate**
- A copy of your Driver's license
- A copy of your WHMIS Certificate – (Public School Works)
- A copy of your First-aid Certificate
- Driver Certification- From the school
- Functional Assessment tests-
- Proof of Professional Development Certificates, or evidence of attendance of training



Hours of Service Act – How do you comply with the laws?

Documents we need in your file-

- Application, and History of employment
- A Current Driver's abstract- The
- Pre- Employment S Endorsement
- **A copy of your Driver's license**
- A copy of your WHMIS Certificate
- A copy of your First-aid Certificate
- Driver Certification- From the s
- Functional Assessment tests-
- Proof of Professional Development



of attendance



Hours of Service Act "What are the laws?"

Documents

- Application
- A Current
- Pre- Emp
- A copy of
- **A copy of**
- A copy of
- Driver C
- Function
- Proof of

WHMIS

Certificate of Completion

This certificate confirms that the above training has been completed by

DON DOHERTY

according to the guidelines set forth by

Buffalo Trail Public Schools

DATE: 06-18-12

RATED MIN.: 30



Hours of Service Act – How do you comply with the laws?

Documents w

- Application
- A Current I
- Pre- Emplo
- A copy of y
- A copy of y
- **A copy of y**
- Driver Cert
- Functional
- Proof of Pr



St. John Ambulance

St. John Ambulance certifies that

Timothy Grafton

has completed a course in

**Emergency First Aid with CPR
Level B**

Class #: 1-146718037

Expiry Date: Jul 13, 2013

Annual CPR retraining is recommended

Reference #: 1-2FCOGJ

Issued By: Ontario Council



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- A copy of your First-aid Certificate
- **Driver Certification- From the school**
- Functional Assessment tests-
- Proof of Professional Development Certificates, or evidence of attendance



Hours of Service



FUNCTIONAL ASSESSMENT FORM FOR SCHOOL BUS DRIVERS (To be completed annually)

Candidate's Name: _____ Date of Assessment: _____

Consent to Release Functional Assessment Information:

I, _____, authorize my employer, _____ to disclose the
(Bus Contractor/School)
results of the Functional Assessment to Buffalo Trail Public Schools to place on my driver file.

Candidate's Signature: _____ Witness: _____

Assessor will instruct the candidate to complete the following tasks required of a School Bus Driver. Record if the candidate is able to safely complete each task. If contractor and driver is the same person the assessment must be done by a third party. Buffalo Trail Public Schools indicates all of the (11) eleven criteria below are essential job specific fitness to work criteria for a Bus Driver.

This individual demonstrated the ability to:

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Lift hood of bus for inspection. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Bend, kneel or squat to check under bus. Must be able to view exhaust, brakes, springs and all items underneath bus as required for pre-trip inspection. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Walk around bus for inspection without aids. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Climb up and down stairs to enter/exit bus using only the hand rail for assistance, if required. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Sit behind the bus steering wheel and fasten the seat belt. Must be able to wear shoulder and lap seatbelt without making modifications. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Open and close right hand glider to allow for passenger entry/exit. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Bend/kneel to pick up articles from the floor located in the aisle or under seats. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Able to exit through the rear emergency exit unassisted and without Aids, if bus is equipped with rear emergency exit. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Able to enter through the rear emergency exit with assistance of aids, if bus is equipped with rear emergency exit. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Drag a static force of 30 lbs down the aisle & out the rear door to simulate an evacuation. |

Assessor's Name: _____ Assessor's Signature: _____

ly with the laws?

Documents we need in your

- Application, and History
- A Current Driver's abstract
- any infraction, such as
- Pre- Employment S En
- A copy of your Driver's
- A copy of your WHMIS
- A copy of your First-aid
- Driver Certification- Fr
- **Functional Assessment**
- Proof of Professional D

must also inform us of

attendance

Documents we need in your file-

- Application, and History of employment
- A Current Driver's abstract- This must be renewed each year.
- Pre- Employment S Endorsement & Bus Evacuation Certificate
- A copy of your Driver's license
- A copy of your WHMIS Certificate – (Public School Works)
- A copy of your First-aid Certificate
- Driver Certification- From the school
- Functional Assessment tests-
- **Proof of Professional Development Certificates, or evidence of attendance**




Hours of Service Act - How do you comply with the laws?

We have several forms

The first form is the Driver's Daily Vehicle Inspection Report - Outside 160 KM Radius

accurately.



Driver's Daily Vehicle Inspection Report

Unit # _____ Inspection Date _____ (D/M/Y) Inspection Time _____ Carrier Name _____ Carrier Address _____
 Driver's Name _____ Odometer Reading _____ Bus Plate Number _____ Trailer Plate Number _____

Bus - CHECK ANY DEFECTIVE ITEM AND GIVE DETAILS UNDER REMARKS (Mark for Minor Defect* for Major Defect)

<input type="checkbox"/> Engine	<input type="checkbox"/> Air Compressor	<input type="checkbox"/> Drive Line	<input type="checkbox"/> Brakes System
<input type="checkbox"/> Oil Pressure	<input type="checkbox"/> Warning Signal, Low Pressure or Low Vacuum Signal	<input type="checkbox"/> Ballast	<input type="checkbox"/> Front Axle
<input type="checkbox"/> Battery	<input type="checkbox"/> All Brake Adjustments and connections	<input type="checkbox"/> Steering Wheel/ Linkage	<input type="checkbox"/> Suspension/Springs/ Air Bags/ Controlling Attachments
<input type="checkbox"/> Clutch	<input type="checkbox"/> Brake Accessory System	<input type="checkbox"/> Mirrors (Adjustment and condition)	<input type="checkbox"/> Reflectors/ Lamps
<input type="checkbox"/> Reflective Triangles	<input type="checkbox"/> Generator	<input type="checkbox"/> Air Lines Brakes	<input type="checkbox"/> Wheels, Rims, Fasteners
<input type="checkbox"/> Fuel System	<input type="checkbox"/> Brake Booster	<input type="checkbox"/> Windshield and Windows	<input type="checkbox"/> Towing Coupling
<input type="checkbox"/> Spare Seal Beam	<input type="checkbox"/> Horn	<input type="checkbox"/> Hydraulic Brake Fluid	<input type="checkbox"/> Windshield Wiper, Washer
<input type="checkbox"/> Emergency Equipment	<input type="checkbox"/> Brake Failure Warning Light	<input type="checkbox"/> Flotation	<input type="checkbox"/> Lights (Head/Stop)
<input type="checkbox"/> Seat Belts	<input type="checkbox"/> Starting System/Battery/Recharge	<input type="checkbox"/> Paperwork (Registration, Safety Fitness Certificate, and Licenses)	<input type="checkbox"/> Brake Pressure
<input type="checkbox"/> License Plate Lights	<input type="checkbox"/> Strobe Light	<input type="checkbox"/> Emergency Exits	
<input type="checkbox"/> Exterior body/frame	<input type="checkbox"/> Heater/Defrost	<input type="checkbox"/> Cargo Securement	
<input type="checkbox"/> General Appearance	<input type="checkbox"/> Dangerous Goods		

Trailer CHECK ANY DEFECTIVE ITEM AND GIVE DETAILS UNDER REMARKS

<input type="checkbox"/> Hitch	<input type="checkbox"/> Park Brake
<input type="checkbox"/> Brakes	<input type="checkbox"/> Tires
<input type="checkbox"/> Wheels, Rims, Fasteners	<input type="checkbox"/> Load Securement
<input type="checkbox"/> Decals	<input type="checkbox"/> Tie Straps
<input type="checkbox"/> Suspension/ Springs/ Air Bags	<input type="checkbox"/> Brake Lights
<input type="checkbox"/> Licence Plate Light	<input type="checkbox"/> Fenders
<input type="checkbox"/> Mud Flaps	<input type="checkbox"/> Frame
<input type="checkbox"/> Side Rails	

Location of Inspection _____

REMARKS (Details of Defects)

DEFECTS CORRECTED

DEFECTS NEED NOT BE CORRECTED FOR SAFE OPERATION OF VEHICLE

Mechanic's Signature _____

Date: ___/___/___ (D/M/Y) Copy Placed on Vehicle File

No Defects Found <input type="checkbox"/>
Defects Detected <input type="checkbox"/>

Signature of Person Completing Inspection _____

Time Pre Trip Inspection	AM	PM
Completed	PM	PM
Trip Time	Start	End
Time Post Trip Inspection	AM	AM
Completed	PM	PM
Mileage Log	IN	OUT

Fatigue Management Due Diligence Personal Assessment Checklist

Use the checklist below to complete a personal assessment of your fatigue status prior to every trip you make. If you determine you are not fit to drive, advise your supervisor or the Safety Officer and indicate a replacement will need to be found to complete the trip. Drivers must not drive nor should any person permit a person to drive that is not considered fit to drive. If you can, with a clear conscience answer positively to all of the points below, check the 'FMDD' box in the date column for each day you drive.

- I have had 10 hours of off-duty time during the previous day.
- I will not exceed 13 hours of driving time or 14 hours on-duty time during the day's trip.
- I will not exceed 16 hours of elapsed time in my shift during the trip.
- I have not exceeded 70 duty hours limits in the previous 7 days (Cycle 1) or 120 hours in the previous 24 days (Cycle 2).
- I am well rested and feel confident I am fit to drive at this time.

*FMDD = Fatigue Management Due Diligence personal assessment completed as per checklist. Mark with a checkmark if you determine you are fit to drive or write "Not Fit" if it is determined you are not fit to drive.

Note: All calendar days must be accounted for. If you had no on-duty times for a period covered by this Time Record, and submit this record to the Safety Officer.

Driver Signature: _____
 (Initialed True and Correct)

Cycle 1: 70 Hrs. - 7 Days

Cycle 2: 120 Hrs. - 14 Days

Within 160 Km Radius

Date: ___/___/___ (D/M/Y)

Driver's Daily Log

Unit # Truck _____	Unit # Trailer _____	Driver's Name in Full _____	Driver's Signature _____
Licence Plate Truck _____	Licence Plate Trailer _____	Total Hours Today _____	Name of Co-Driver _____
Odometer Start _____	Odometer Finish _____	Km Driven Today _____	Co-Driver's Signature _____
Name Of Carrier _____	School's Address (Divided Record Permits) _____	Address of originating terminal if different than School _____	FMDD: _____ Initial Date: _____ (D/M/Y)

	Mid-Night	1	2	3	4	5	6	7	8	9	10	11	12	Total Hours
Off Duty														
Sleeper Birth														
Driving														
On Duty (not driving)														
Remarks	_____													
	24													

ORIGINAL - File Within 20 Days At Home Terminal
 DUPLICATE - Operator Must Retain For Six Months



Hours

the laws?



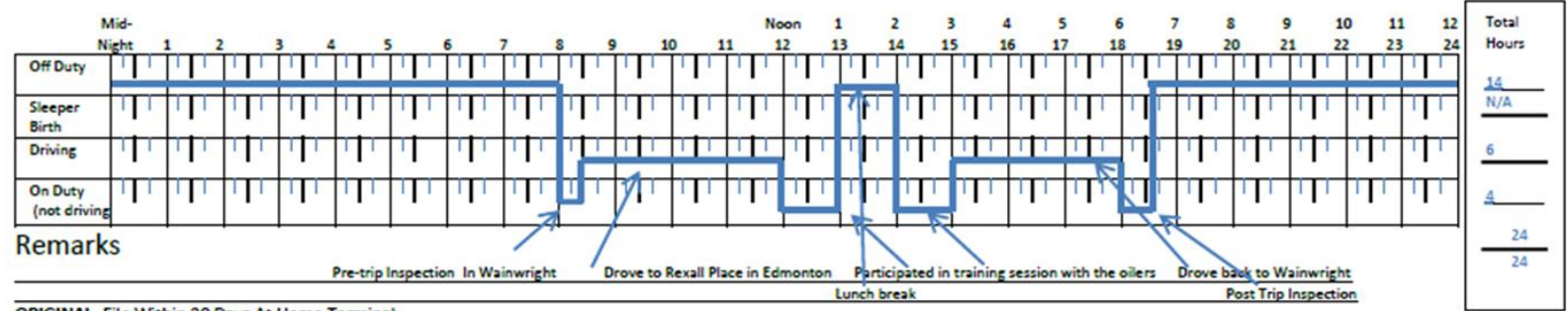
Cycle 1- 70 Hrs. - 7 Days
 Cycle 2- 120 Hrs. - 14 Days

Within 160 Km Radius

Date: 3/3/1912 (D/M/Y)

Driver's Daily Log

Unit # Truck 234	Unit # Trailer 987	Driver's Name In Full Mr. Big Berd	Driver's Signature Big Berd
Licence Plate Truck XYZ 678	License Plate Trailer ABC 234	Total Hours Today 8	Name of Co-Driver Ernie R. Duckiest
Odometer Start 123456	Odometer Finish 123986	Km Driven Today 530	Co-Driver's Signature Ernie R. Duckiest
Name Of Carrier Buffalo Trail School Division	School's Address (Divided Record Permit) 123 Sesame St.	Address of originating terminal if different than School 123 main str. Wainwright AB.	FMDD: BB Initial Date <u>3/3/1912</u> (D/M/Y)



ORIGINAL- File Within 20 Days At Home Terminal
 DUPLICATE- Operator Must Retain For Six Months

	IN		Out	
--	----	--	-----	--

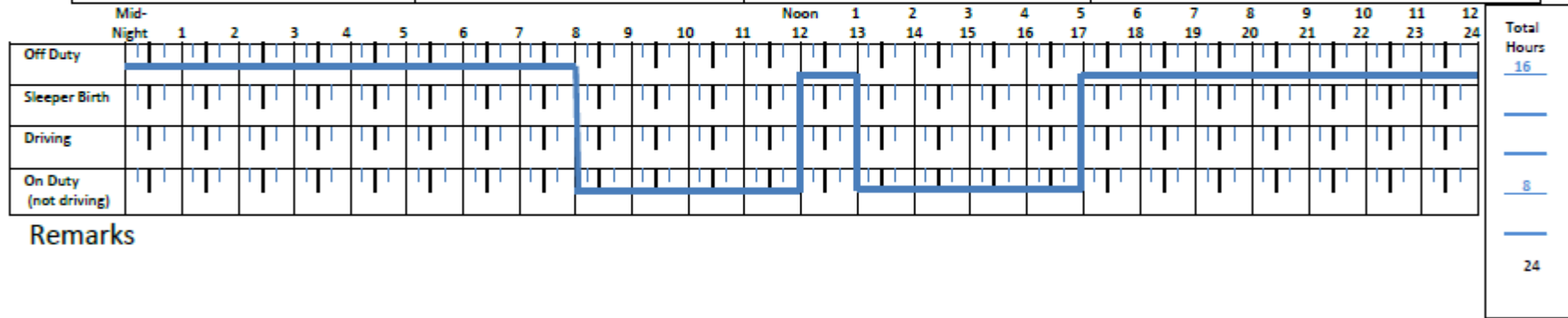
Cycle 1- 70 Hrs. - 7 Days
 Cycle 2- 120 Hrs. - 14 Days

Within 160 Km Radius

Date: 21/06/2012(D/M/Y)

Driver's Daily Log

Unit # Truck 234	Unit # Trailer 987	Driver's Name In Full Mr. Big Berd	Driver's Signature Big Berd
Licence Plate Truck XYZ 678	License Plate Trailer ABC 234	Total Hours Today 8	Name of Co-Driver Ernie R. Duckiest
Odometer Start 123456	Odometer Finish 123466	Km Driven Today 10	Co-Driver's Signature Ernie R. Duckiest
Name Of Carrier One of the Buffalo Trail Public Schools	School's Address (Divided Record Permit) 123 Sesame Street Wainwright AB	Address of originating terminal if different than School Click here to enter text.	FMDD: Initial Date 21/06/2012 (D/M/Y)



Remarks

	Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Previous 14 days	Total Hours on duty	8	8	0	0	8	10	14	8	8	0	0	0	8	8
	Total hours off duty	16	16	24	24	16	14	13	16	16	24	24	24	16	16

ORIGINAL- File Within 20 Days At Home Terminal
 DUPLICATE- Operator Must Retain For Six Months

IN _____ Out _____

Hours of Service Act – How do you comply with the laws?

Cycle 1- 70 Hrs. - 7 Days
 Cycle 2- 120 Hrs. - 14 Days

Within 160 Km Radius

Date: 23/06/2012- 30/06/2012(D/M/Y)

Driver's Daily Log

Unit # Truck	Unit # Trailer	Driver's Name In Full Mr. Big Berd	Driver's Signature Big Berd
Licence Plate Truck	License Plate Trailer	Total Hours Today	Name of Co-Driver
Odometer Start	Odometer Finish	Km Driven Today	Co-Driver's Signature
Name Of Carrier One of the Buffalo Trail Public Schools	School's Address (Divided Record Permit) 123 Sesame Street Wainwright AB	Address of originating terminal if different than School Click here to enter text.	FMDD: Initial Date 23/06/2012 (D/M/Y)

	Mid-Night	1	2	3	4	5	6	7	8	9	10	11	Noon	12	13	14	15	16	17	18	19	20	21	22	23	24	Total Hours
Off Duty	[Solid blue bar]																								24		
Sleeper Birth	[Vertical tick marks]																										
Driving	[Vertical tick marks]																										
On Duty (not driving)	[Vertical tick marks]																										
																									24		
																									24		

Remarks: Off Duty- holiday

	Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Previous 14 days	Total Hours on duty	8	8	0	0	8	10	14	8	8	0	0	0	8	8
	Total hours off duty	16	16	24	24	16	14	13	16	16	24	24	24	16	16

ORIGINAL- File Within 20 Days At Home Terminal
 DUPLICATE- Operator Must Retain For Six Months

Hours of Service

Periodic Audits of your bus

- To ensure compliance with

with the laws?

from audits

MAINTENANCE RECORD AUDIT

NOTES

___ Reviewed Semi-Annual

Date

Signature

___ Reviewed Maintenance
Records

Date

Signature

SUMMARY

AUDITOR

Name: _____

Title: _____

Date: _____

Signature of Auditor

AUDITED

Name: _____

Title: _____

Date: _____

Signature of School Personnel/Safety Officer

A green rectangular sign with rounded corners and a white border, mounted on a grey metal truss structure. The sign contains white text. Below the sign are four grey rectangular supports.

**Without your cooperation,
this bus program will not
work**



Questions? Comments? Concerns?

Buffalo Trail Public Schools
1041-10A St. Wainwright AB.
T9W2R4

