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| **Operational Procedure** | **Date Conducted** |
| Introduction to Kyeema procedures/processes/requirements   * Bus Safety & Compliance button QMS |  |
| Bus Safety Policy - Bus Safety & Compliance button   * Bus Safety Information Communication Procedure |  |
| Drug & Alcohol Procedure – Bus Safety & Compliance\BMIS button |  |
| Driver’s job description, responsibilities and reporting arrangements   * Support Workers Job Description |  |
| Carrying capacity not to be exceeded |  |
| Daily vehicle inspections and defect reporting   * Bus Pre-Trip Inspection Procedure & Bus Defect Clearance & Reporting Procedure * BSF-04 Bus Daily Pre-Trip Check Form & ADF-05 Vehicle Maintenance & Defect Register |  |
| Fire extinguisher checking   * Bus Fire Extinguisher Procedure * BSF-04 Bus Daily Pre-Trip Check Form |  |
| Emergency and Security Procedures   * Bus Safety Policy |  |
| Accident and incident reporting   * Incident Reporting Policy & Procedure – Bus Incidents |  |
| Communication procedure including mobile phone instruction   * Bus Safety Information Communication Procedure * No driver should be using a mobile phone while operating the bus |  |
| Report sick to manager/team leader (as soon as possible) |  |
| Hazard and injury reporting   * Incident Reporting Policy & Procedure – Bus Incidents |  |
| Bus cleaning/fuelling   * Participant Transport Procedure – SW cleaning duties * Extra cleaning – regular (aim for monthly), organised by team leader * Refuelling/fuel dockets:  use BP card, receipts are put in the key ring plastic pocket after refuelling. Check correct fuel is used (all 3 buses use diesel) |  |
| Applicable forms used by a bus driver   * ADF-01 Motor Vehicle Running Sheet |  |
| Fatigue Management   * Participant Transport Procedure |  |
| Any other OH&S issues |  |

I ………………………………………………………………. have undergone a new employee Induction Course and have been informed/trained in the following:

…………………………………………. ………………………………..

Employee Signature Date

I have informed/trained the above employee in the applicable items to the level pertinent to this position.

………………………………………………………. ……………………………………..

Employer Representative Signature Date