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| **Operational Procedure** | **Date Conducted** |
| Introduction to Kyeema procedures/processes/requirements* Bus Safety & Compliance button QMS
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| Bus Safety Policy - Bus Safety & Compliance button* Bus Safety Information Communication Procedure
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| Drug & Alcohol Procedure – Bus Safety & Compliance\BMIS button |  |
| Driver’s job description, responsibilities and reporting arrangements* Support Workers Job Description
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| 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
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| Fire extinguisher checking * Bus Fire Extinguisher Procedure
* BSF-04 Bus Daily Pre-Trip Check Form
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| Emergency and Security Procedures* Bus Safety Policy
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| Accident and incident reporting* Incident Reporting Policy & Procedure – Bus Incidents
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| Communication procedure including mobile phone instruction* Bus Safety Information Communication Procedure
* No driver should be using a mobile phone while operating the bus
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| Report sick to manager/team leader (as soon as possible) |  |
| Hazard and injury reporting* Incident Reporting Policy & Procedure – Bus Incidents
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| 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)
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| Applicable forms used by a bus driver * ADF-01 Motor Vehicle Running Sheet
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| Fatigue Management* Participant Transport Procedure
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| 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